THE CANADIAN HOSPITAL

OFFICIAL JOURNAL
CANADIAN HOSPITAL COUNCIL

JULY, 1950

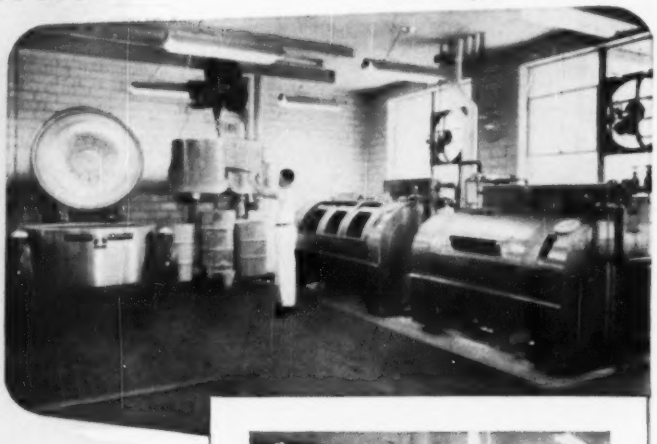
Congratulations to...

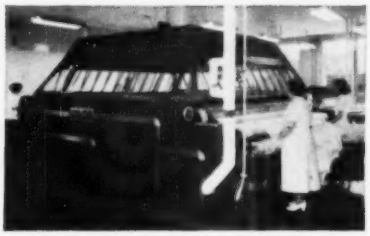
ST. JOSEPH'S HOSPITAL

ELMIRA, N. Y.

On Its Efficient, High-Speed Laundry Department

In bright, gleaming new laundry at St. Joseph's Hospital are 2 Monel metal CASCADE Washers **(right)** and NOTRUX Mechanically Loaded Extractor **(left)**.





Mass-production 8-Roll SYLON Flatwork Ironer with AIRVENT Canopy beautifully irons sheets and other flat linens at high speed.

These 2 NURSES' UNIFORM Press Units quickly and attractively iron uniforms for nurses and staff.

PROBLEM: Before proceeding with planned expansion, this 291-bed hospital wanted to replace worn, labor-consuming laundry equipment with high-production machines of greater capacity.

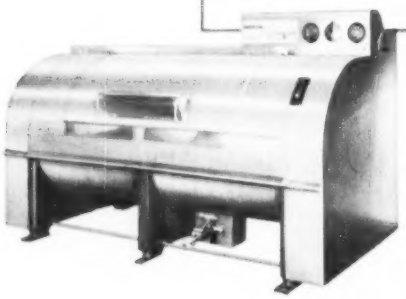
SOLUTION: The problem was turned over to our Laundry Advisor. He analyzed present demands for clean linens and carefully estimated future requirements. Based on his wide experience, he prepared plans for a modern laundry department, equipped and arranged for time-and-labor-saving workflow.

RESULTS: Hospital now reports Laundry production is on a fast, smooth schedule, completely satisfying clean linen needs of all hospital departments. Yet laundry work hours have been reduced and fewer operators are required. Quality of laundering is greatly improved.

Free services of our Laundry Advisor are available to your hospital, large or small. WRITE TODAY.

REMEMBER . . . Every department of the Hospital depends on the Laundry.

Your hospital will benefit by selecting from our complete line of the most advanced and productive hospital laundry equipment.



Modern, Monel metal CASCADE Washers at St. Joseph's Hospital have built-in "**2-Way Water Action**" which surges washing solution **up** through and **down** through work. Result, linens are washed snowy-white, sterile-clean in less time with big savings in water and supplies.

The

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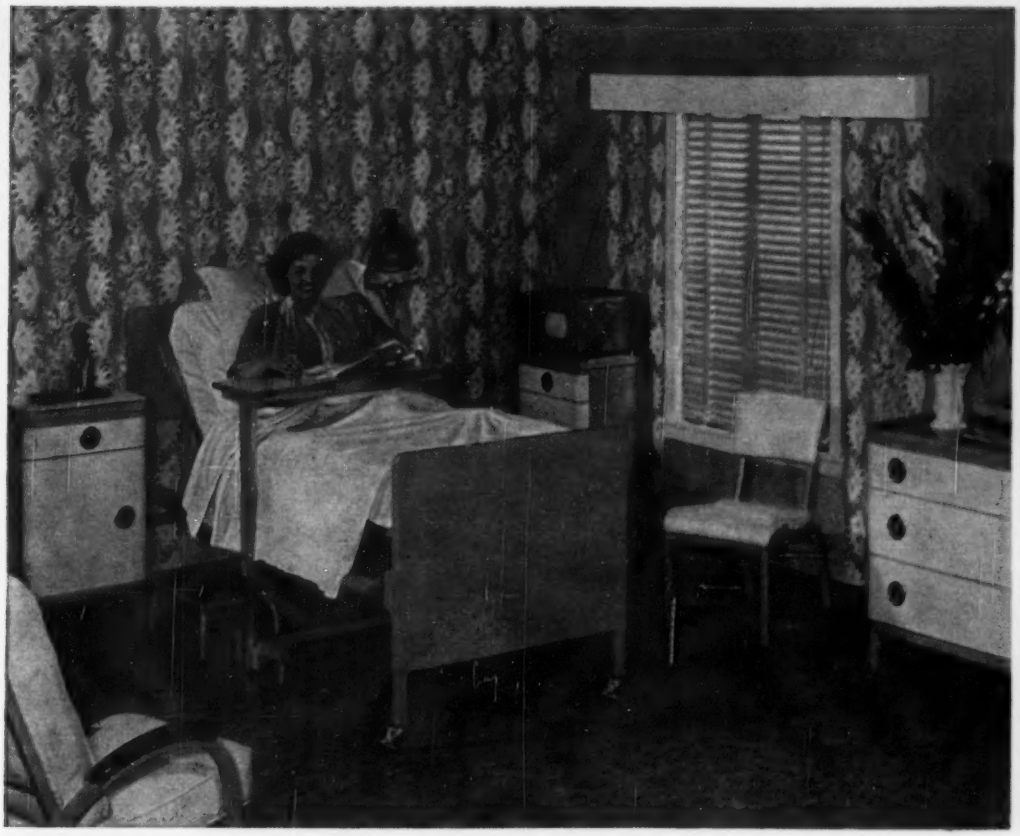

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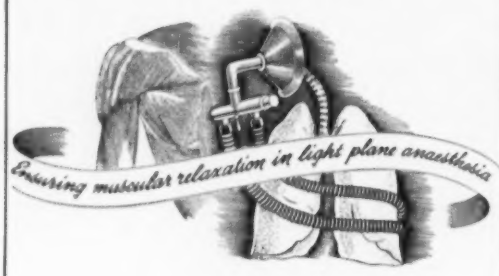
EULISSIN



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Eulissin provides a satisfactory muscle relaxant which can be given in conjunction with all the common anaesthetic agents with no obvious difference in effect. The muscular relaxation produced is maximal provided that the patient is anaesthetized to prevent obvious reaction to surgical trauma. Though the blood pressure may fluctuate after administration of Eulissin, the general level is well maintained and there appears to be no direct effect on the cardiovascular system, even with relatively large doses.

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Vol. 27 **JULY, 1950** No. 7

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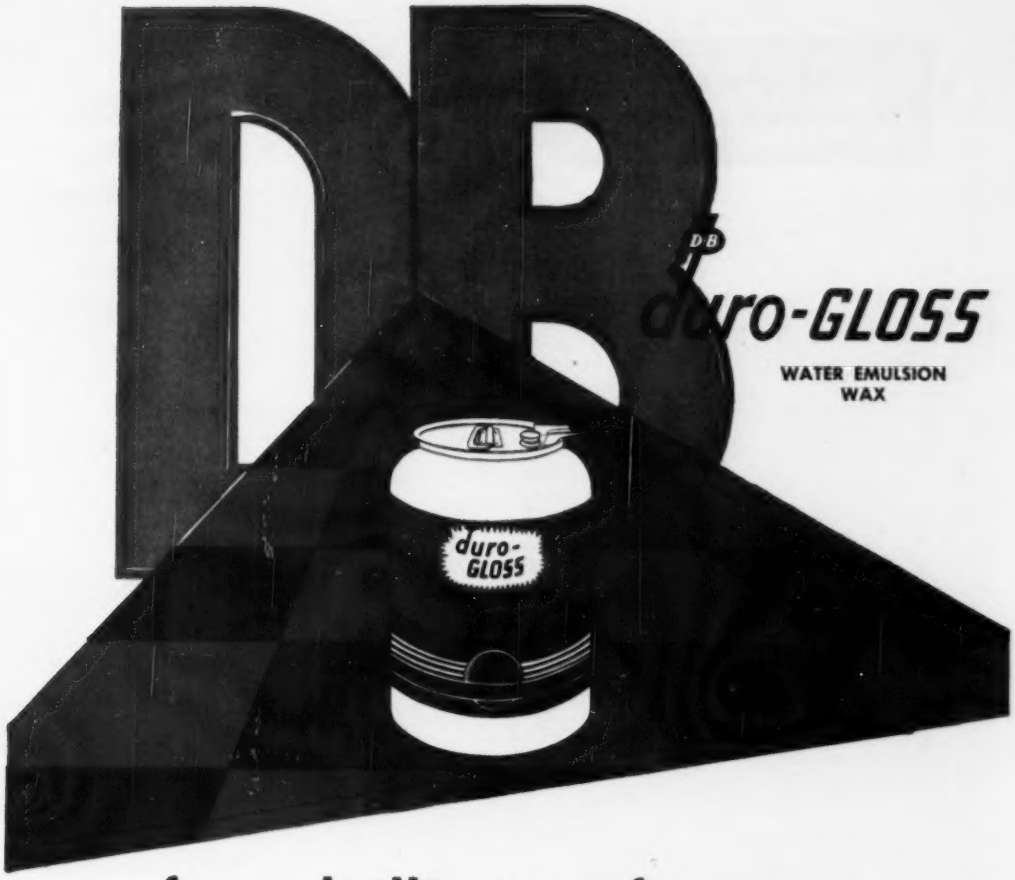

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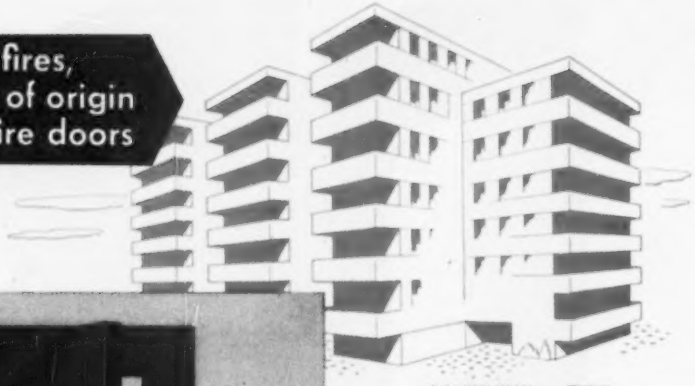
Hospital fires,
held to point of origin
by Westeel fire doors



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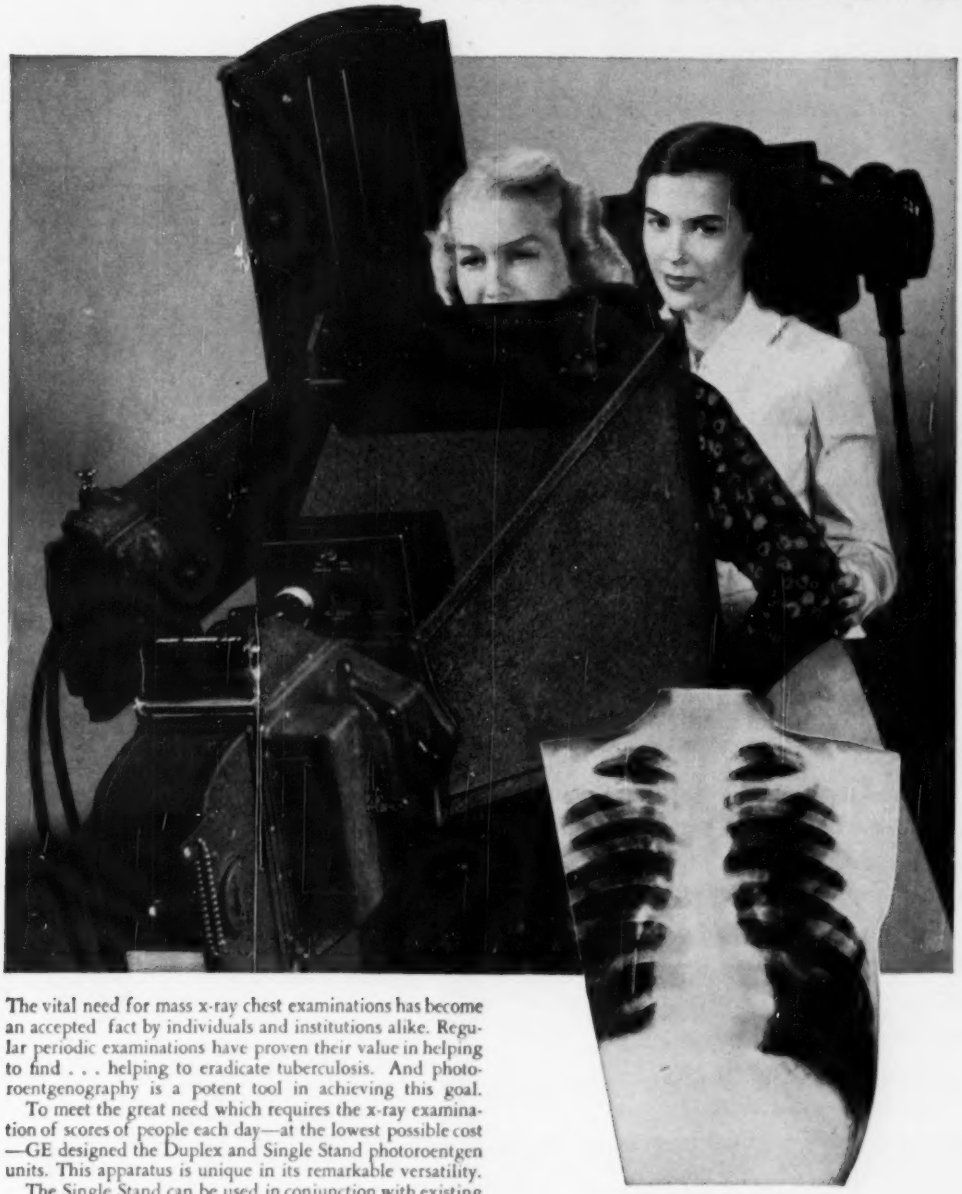

The vital need for mass x-ray chest examinations has become an accepted fact by individuals and institutions alike. Regular periodic examinations have proven their value in helping to find . . . helping to eradicate tuberculosis. And photoroentgenography is a potent tool in achieving this goal.

To meet the great need which requires the x-ray examination of scores of people each day—at the lowest possible cost—GE designed the Duplex and Single Stand photoroentgen units. This apparatus is unique in its remarkable versatility.

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For illustrated information about these photoroentgen units, see your local GE representative, or write the office nearest you — General Electric X-Ray Corporation, Limited, Montreal, Toronto, Vancouver, Winnipeg.

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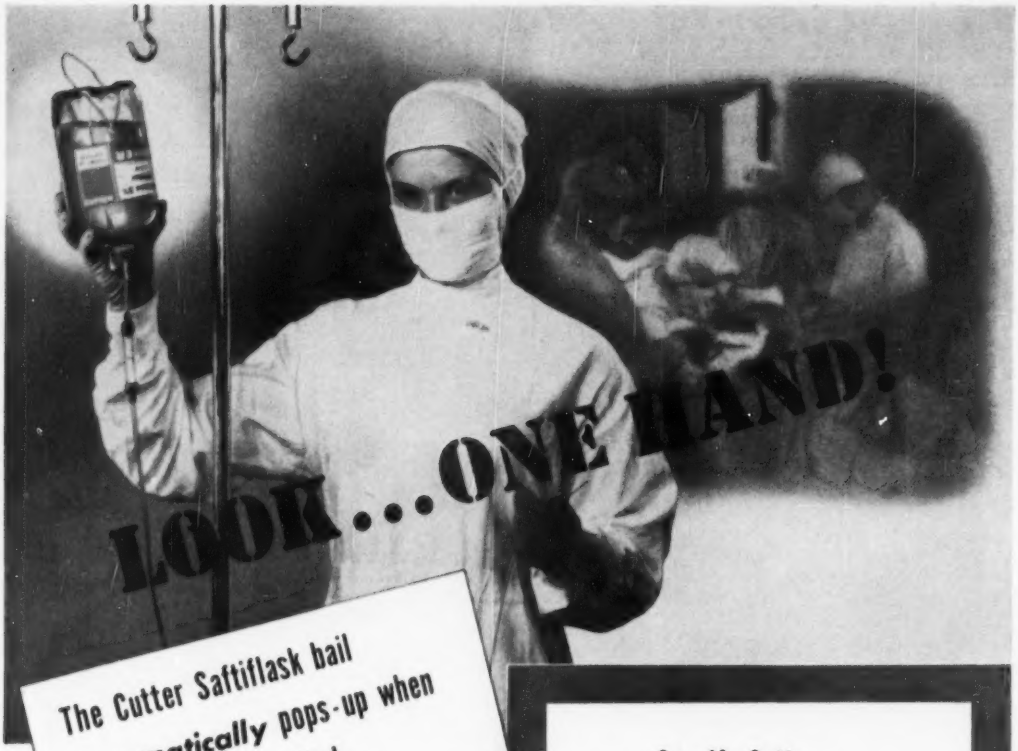

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Because the design of the bail permits bottle-to-bottle storage, additional valuable space in surgery and central supply is made available.

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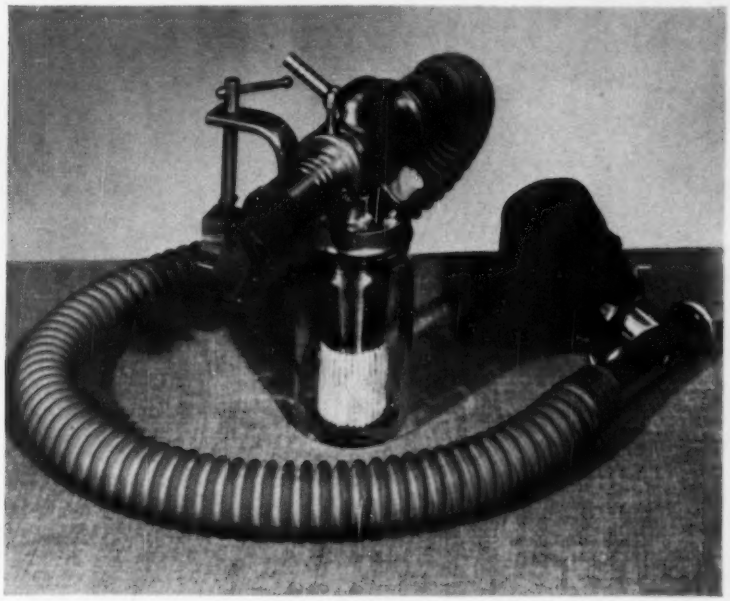

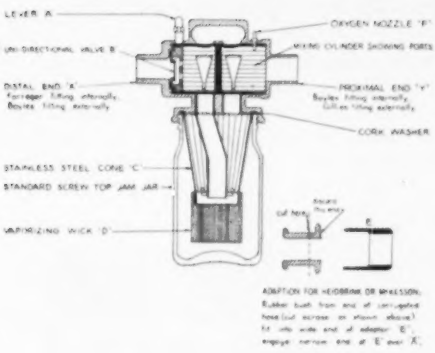

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*REF.: Canadian Medical Association Journal, April, June, 1950, Volume 62

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Across the Desk

By C.A.E.

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Mr. William Blankenship, executive of Davis & Geck, made the presentation to Mrs. Andrew Dixon and Colonel J. Paul Thorn of the Brooklyn Chapter of the American Red Cross, who accepted the sutures on behalf of the Canadian Red Cross.

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(Continued on page 16)

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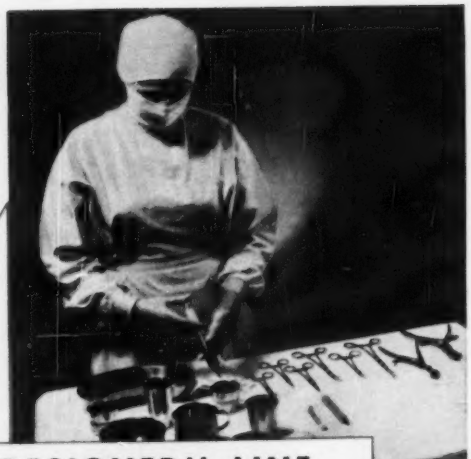

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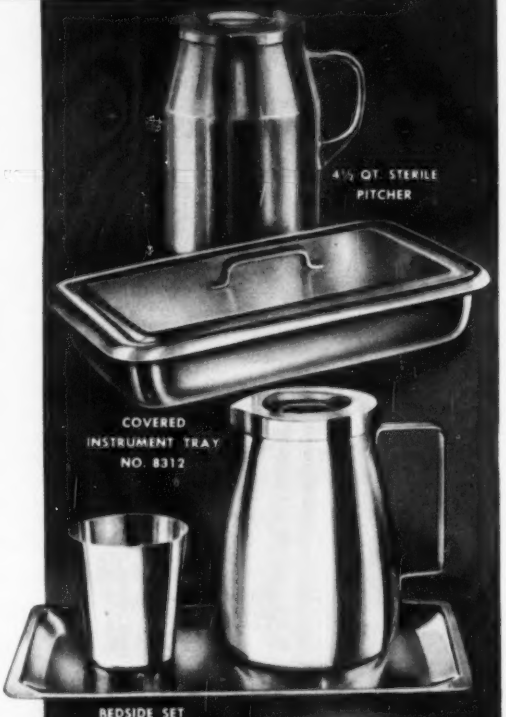

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Millin Capsule Grasping Forceps, Large

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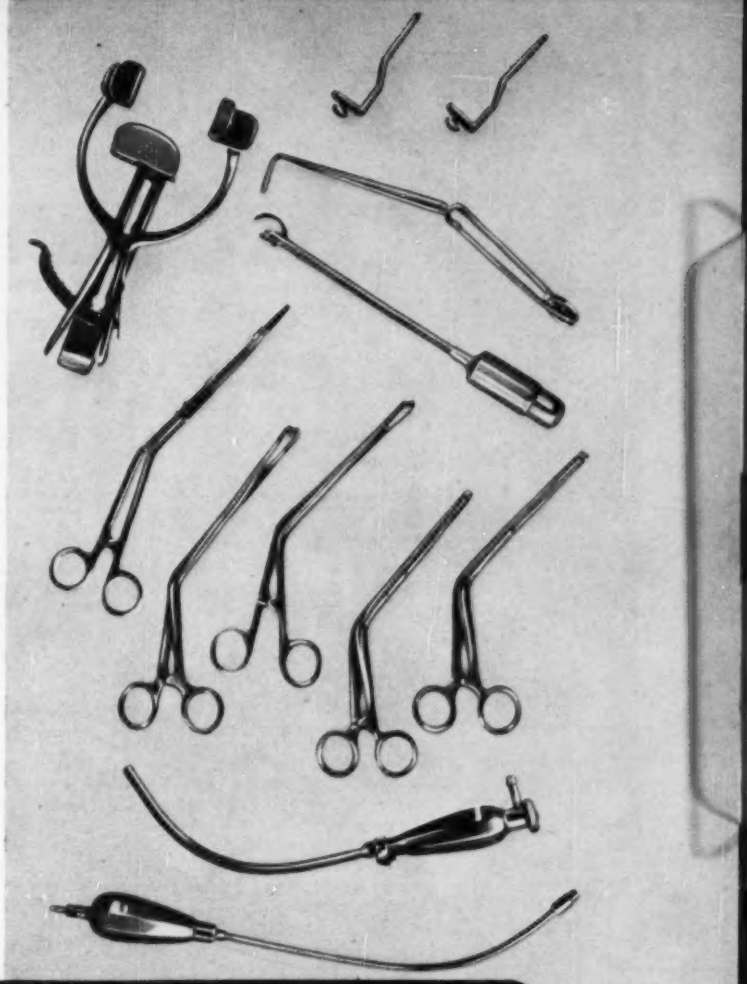
* Millin, Terrence: J. Urol., 59:267, March 1948



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Medium Titre — Chips or Powder

Because of its medium titre, Golden XXX washes perfectly in moderate water temperatures. Golden XXX washes clean and rinses out easily at hand temperatures —guarantees more satisfactory work and fewer rejects.

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Across the Desk

(Continued from page 12)

gallons of West's widely-used Vaposector insecticide at a combined introductory price of $82.50.

The new portable Mistorizer dispenses one ounce of insecticide per minute when used for fogging, and one and a half ounces a minute for contact spraying. A simple nozzle adjustment makes the change from fogging to contact spraying use. Vaposector fluid is so highly concentrated that only one ounce of this insecticide is required for controlling flying insects within 1,000 cubic feet of space, while only two ounces are needed for controlling crawling insects.

* * * *

J. W. Budd with McGlashan, Clarke Co. Limited

McGlashan, Clarke Company Limited, of Niagara Falls, have recently announced the appointment of Mr. J. W. Budd of Deer Lodge, Winnipeg, as their exclusive representative for the Head of the Lakes and Prairie Provinces. Mr. Budd, a native of Winnipeg, was employed by the T. Eaton Company prior to a 4-year term of active service with the Canadian Army. Latterly he has been associated with a leading manufacturer's agent in Winnipeg.

* * * *

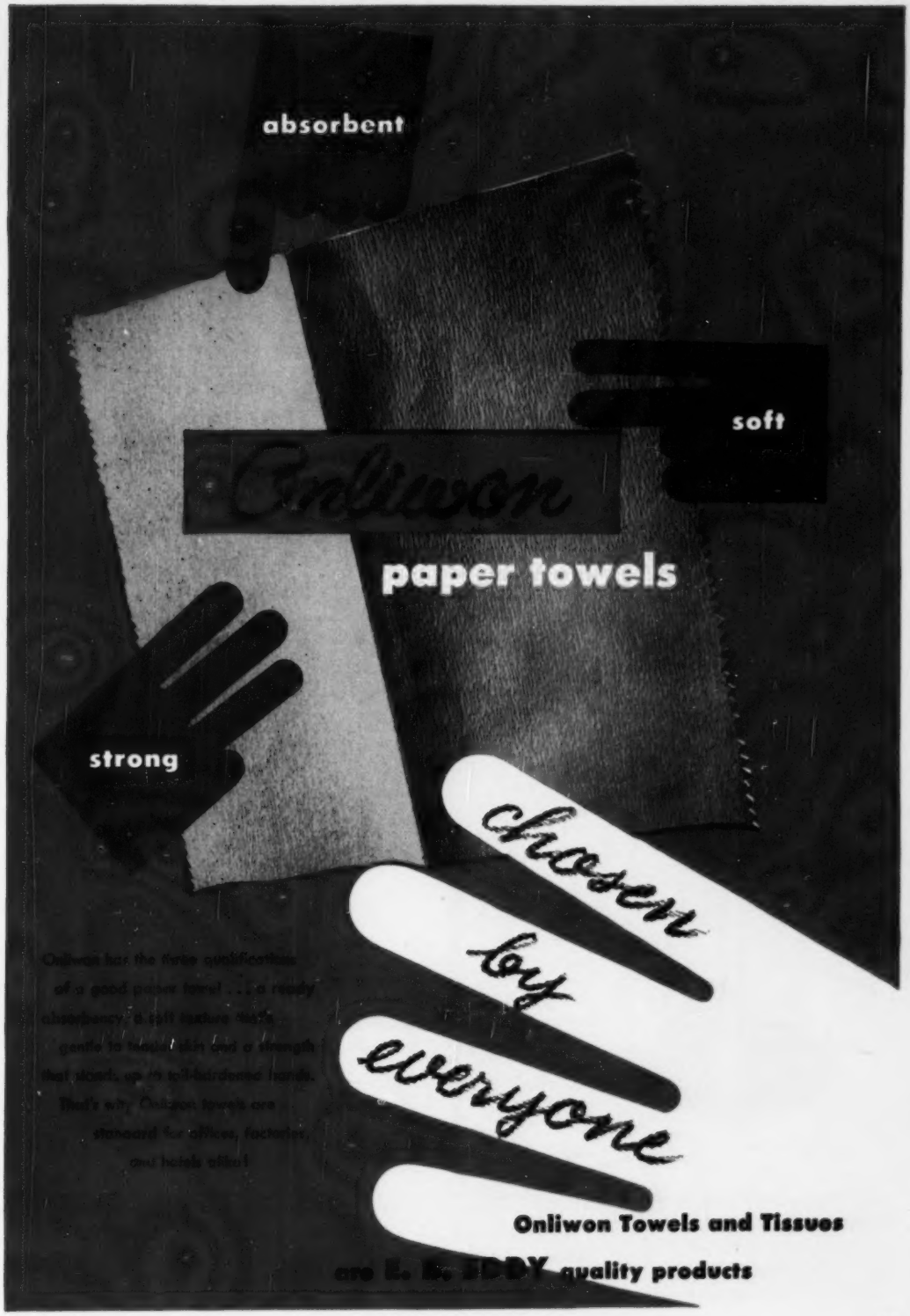
Elastoplast Rushed to Canadian Flood and Fire Victims

Fast transatlantic planes winging their way to Canada with welcome supplies for the victims of flood in Manitoba and the razed communities of Rimouski and Cabano have been in the news during the past few weeks. T. J. Smith & Nephew, Ltd. of Hull, England, is among the well-known firms answering the call. Within twenty-four hours a supply of "Elastoplast" products and Surgical Dressings were in Winnipeg—5,000 miles away from the scene of manufacture.

After receiving a telephone call early in May, the Managing Director of T. J. Smith & Nephew, Ltd., Mr. F. M. Medhurst, issued a directive for the gift consignment of 50 lbs. (limit of weight) to be properly packed for instant despatch to London Airport.

The B.O.A.C. Stratocruiser "Caledonia" carried this first consignment of relief supplies and has followed since with additional useful commodities to our fellow-Canadians in Manitoba and the Province of Quebec.

(Concluded on page 20)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Following infusion, throw away the entire unit, container and VENOPAK

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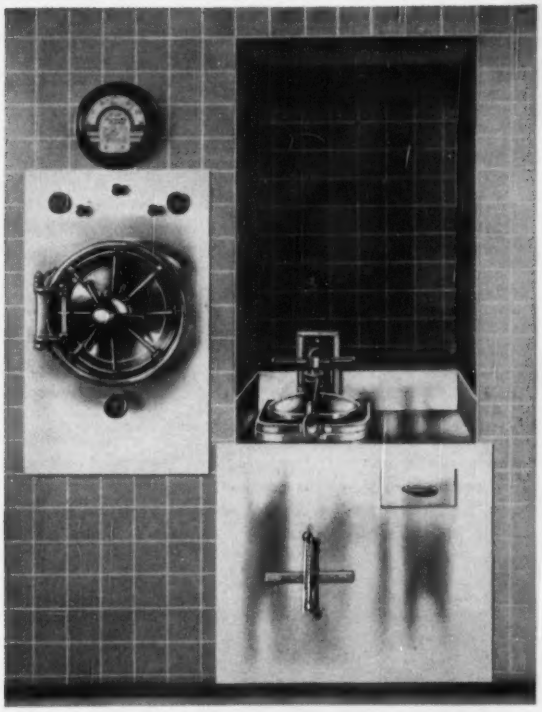

Left: Hi-Speed Emergency Instrument Sterilizer.
Right: Instrument Washer-Sterilizer. Both Recessed.

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1 The Washer-Sterilizer washes and gives ideal sterilization of all operating instruments. It enforces rigid, inflexible aseptic technique and saves drudgery and mess in the operating suite. It is a highly efficient routine sterilizing tool which is in nearly constant use.

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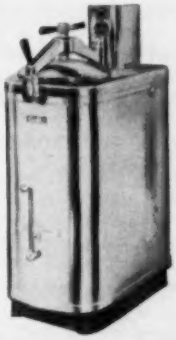

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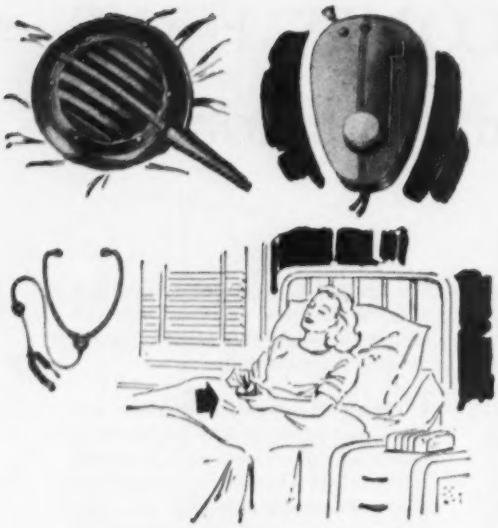

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Across the Desk

(Concluded from page 16)

Two Day Conference Shows Wide Effectiveness of Terramycin

In a recent two-day conference on terramycin before the New York Academy of Sciences, Dr. Chester S. Keefer, of Boston Memorial Hospital, summarized the findings of 28 research teams which over the past six months have conducted extensive laboratory and clinical trials with the new earth-mold drug.

The papers and scientific discussions covered a wide range of diseases, including bacterial, rickettsial, and viral-like infections. The specific diseases included all types of pneumonia, amoebic dysentery, scarlet fever, urinary tract infections, typhus, undulant and Rocky Mountain spotted fevers, septicemia, follicular tonsilitis, septic sore throat, whooping cough, influenza, meningitis, rickettsialpox, peritonitis, and the venereal diseases.

Dr. Theodore Woodward of the University of Maryland School of Medicine presented data showing that, when patients suffering from pneumococcal pneumonia were given terramycin, "response to treatment was striking, with return of temperature to normal levels within approximately 48 hours".

Studies on 66 pneumococcal and 30 mixed bacterial pneumonias, reported by Dr. Alphonse E. Timpanelli of Bellevue Hospital-Cornell Medical Service, showed "the striking efficacy of oral terramycin".

Four of the reports were made by members of the scientific team that discovered and developed the drug, describing experiments conducted by them in the home laboratories of Chas. Pfizer and Co. of Brooklyn, leading producer of antibiotics.

* * * *

New Construction Firm

Thomas M. Gibson announces the formation of a new firm of general contractors of which he will be president. The company will be known as Gibson Construction Ltd. Mr. Gibson is well known in the hospital field as the head of Thomas Gibson & Co. Limited, Toronto, who specialize in sanitation products and floor treatments.

* * * *

Daniel Boone was once asked if he had ever been lost in the woods. "Never got lost," Boone replied. "But I was *bewildered* once for three days."

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During 1950, get to know Golden XXX pure soap. Try the 10 bag test and see at minimum cost, the many benefits of this great, pure soap.

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And to produce first class work, temperatures with Golden XXX need not be higher than 150°. This means that less fuel is consumed in the heating of water. Your coal bill is less.

Ask your Colgate representative for a washing sample of Golden XXX. Let it prove its effectiveness to you on a small wash . . . then try the Golden XXX ten bag test on your regular laundry run.

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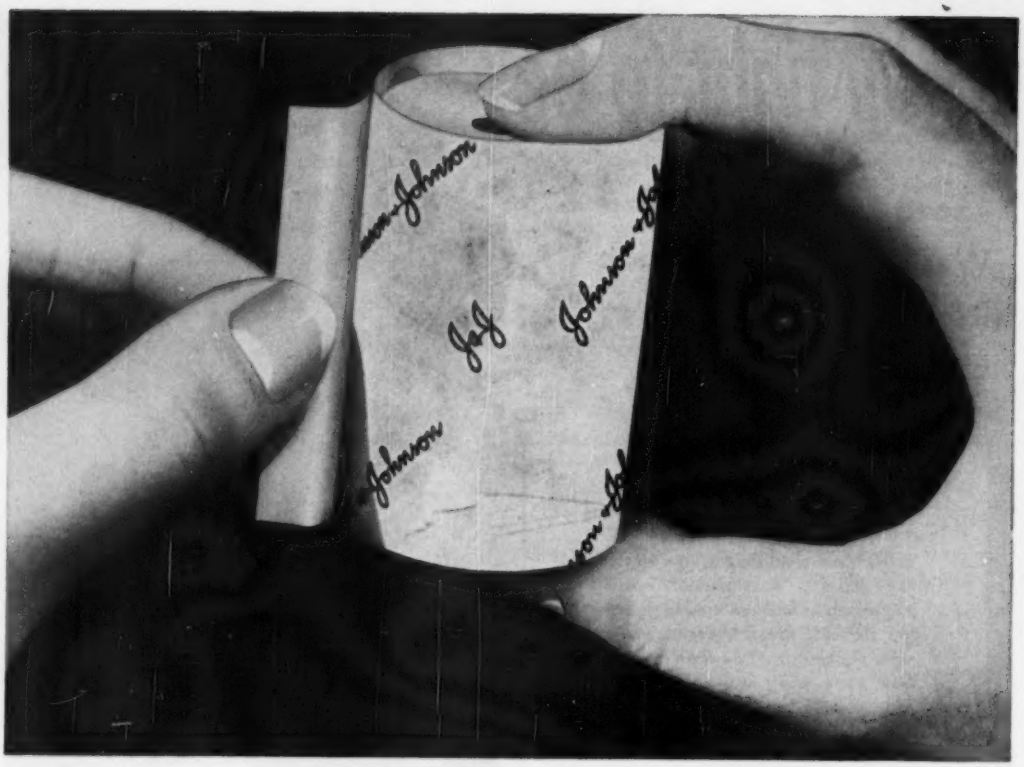

J & J free flap allows instant removal of wrapper, reduces chances of dropping.

For *your* greater convenience . . .
J & J Nu-Wrap* Cut Gauze Bandage Rolls

You can save time — avoid delays and waste — with these Johnson & Johnson Nu-Wrap Bandage Rolls, the individual gauze bandages with neat, even edges.

Carefully designed features like these are important to you . . .

- **Free flap** — the Johnson & Johnson *exclusive* that permits easy removal of wrapper — makes roll ends easier to hold, reduces chances of dropping.
- **Sealed edges** — due to special processes. These keep threads firmly in place — make it possible to avoid constriction when bandages are applied.
- **Tight winding** — prevents collapse of roll when last few yards are being used.
- **Planned wrapping** — protects gauze. Rolls are wrapped in paper wider than the bandage — so edges and surface of gauze are protected, kept neat, until bandage is used.

J & J Nu-Wrap Cut Gauze Bandage Rolls are available: 5 and 10 yds. long . . . in 3 meshes, 28 x 24, 32 x 28, 44 x 36 . . . and in 1″, 1½″, 2″, 3″, 4″ widths.

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CANADIAN HOSPITAL

Toronto, July, 1950 Vol. 27 No. 7

Obiter Dicta

Hospital Leaders Honoured

HOSPITAL people are pleased to hear that the honorary degree of Doctor of Laws has been conferred upon Reverend Mother M. Ignatius of Antigonish, N.S., by St. Francis Xavier University.

It is fitting that Mother Ignatius, a distinguished leader in the hospital field, should have been so honoured. The Sisters of St. Martha are a comparatively young Order (1900) and Mother Ignatius, the Superior General of the Order, has been largely instrumental in developing the fine chain of hospitals now operated by that Order in both eastern and western Canada. We well recall how strongly she supported the newly-formed Hospital Association of Nova Scotia and Prince Edward Island (organized in 1928); how she worked to bring about the Maritime Hospital Association; how she organized the extensive exhibits which have done so much to make the fine work of that Association possible; and how strongly she has supported the Canadian Hospital Council, on whose executive she is now a hard working member. Mother Ignatius has not only been a capable administrator in her hospitals and in the Order, but has amply demonstrated that she is one of the great statesmen in the hospital field by her sound views on organization, developmental programs and, above all, on co-operation. We congratulate not only Mother Ignatius but also St. Francis Xavier University.

We take pleasure, also, in making reference to the honorary Doctor of Laws conferred recently by the University of New Brunswick upon Mr. C. A. McVey, well known structural engineer, who retired some months ago after many years of faithful and noteworthy service to the New Brunswick Government. Although the recognition was for his many contributions in the engineering field, he might also have been honoured for his keen and steadfast participation in the work of the Board of Trustees of the Victoria Hospital at Fredericton.

When Understaffing is Serious

UNDERSTAFFING in any department can be, and usually is, serious. Of primary concern is the likelihood that the patient may not receive as good care as should be the case. Either something is not done or is performed hurriedly and without meticulous attention to every detail. But there is also the effect on the staff. Morale may be affected, for with every gap in the ranks, others must do more and that means tension, fatigue, over-time, and reduced rest periods. These situations can be taken as part of life's pattern if they only come once in a while, but if understaffing is a continuous affair, action must be taken before morale is undermined.

Of particular concern, because it is so often not recognized, is understaffing at the top. Many a hospital would seem to have enough nurses, maids, technicians, engineers, et cetera, for its work load. However, a close check reveals that the superintendent is trying to get along without an assistant; the director of nursing may have one assistant where two

or more are needed; there may be no business manager in a hospital big enough to have one. Frequently this situation has arisen because the hospital has grown rapidly in size and internal organization has not kept pace. As new wings were opened, more nurses, orderlies, and maids were engaged, but the central administrative group carried on as before, adding new duties and shedding none as the years went by.

This is a matter which boards of trustees might well take under advisement. There are scores of medium sized hospitals in this country wherein the administrators have no assistant. Some hospitals appoint an assistant administrator in name, frequently the director of nursing, but that individual is so busy with her own duties that she can be of very little help as an "assistant". Hospital administration requires endless attention to detail and the administrator's day is beset with endless interruptions which make concentrated thinking and planning an utter impossibility, unless some of this load can be shared. Among the major functions of the administrator are those of planning developments in the hospital, effecting improved service to the sick of the community, creating more efficient internal organization, and furthering good public relations. The administrator should be a source of new ideas and of inspiration to the board, not a mere recipient of orders. That goal can only be reached when the administrator (and this applies to other top executives) has enough assistance so that he can really think and plan.

Recognition of the General Practitioner

IT was an appropriate action for Dalhousie University to take last month when it conferred an honorary LL.D. degree upon Dr. Daniel Murray of Tatamagouche, N.S., for in doing so it recognized the contributions of all general practitioners. It is doubtful if a more worthy recipient could have been found. A general practitioner for 48 years, he has practised in this picturesque little Nova Scotia town since 1906, taking time out, of course, to help net the Kaiser.

A big kindly man of six foot two, Dan never let winter snow nor spring flood turn him back. Two generations for miles around have loved him as physician, counsellor and friend; some measure of his influence can be gleaned by noting the unusual number of young medical students who came from that area. Despite his heavy duties, Dr. Murray has long been one of the most faithful attendants at county, provincial, and national medical meetings. His colleagues made him provincial president and this year he was honoured by the Canadian Medical Association with an honorary senior membership. A few years ago we encountered Dan at a medical meeting in Victoria. Instead of being tired by the long drive, he decided to jog down to California and then over to Florida "by way of a little detour". Perhaps he has kept up his vigour by his hunting, of which he is so fond, or perhaps it is because he slips away now and then to his camp at a nearby mountain lake—"Dan's House of Dreams", the people call it. As his long time friend, Dr. Charlie Goss of Sackville, put it the other day, "This is Dan's relaxation, for there is something in the quietude and strength of the hills which matches his character".

Audio-Visual Teaching Aids Exhibited

WHEN the School of Hygiene at the University of Toronto held "open house" last month, one of the most attractive displays was that of the department of hospital administration. Arranged by Eugenie Stuart, assistant professor, its purpose was to illustrate the value of audio-visual aids as applied to teaching hospital administration. Success of the exhibit could be gauged by the crowds who came in, at first tentatively, then stayed on, wrapped in interest.

The usual classroom was brightened by highly coloured posters and models. A bulletin board of flaming red cardboard showed fire fighting equipment and directions for fire prevention. One side of the room was almost entirely devoted to hospital layouts—floor plans, exterior elevations, an exterior modelled in wood, a photograph of a plasticine diorama (three dimensional model of a large institution), and a cross-section photograph of a hospital interior. Visitors showed keen interest in all these as they did also in a large type hospital organization chart. The section dealing with business management likewise attracted attention—especially use of visual symbols showing how the hospital dollar is spent and what proportions are absorbed by the different services. It was apparently a matter of great surprise to the average observer to learn that even private patients do not as a rule pay the actual cost of hospital care.

A film strip revealed the layout and functions of a central supply system and the instructor explained the flow of work step by step. This strip, produced by the department in co-operation with a number of hospitals, and other films are used to introduce a subject to students before they go out on field trips to observe services in affiliated hospitals.

The audience was visibly impressed and vastly interested, particularly since many of them apparently had little conception of the scope of an administrator's duties and were not aware that hospital administration had become a specialized profession. From the viewpoint of public relations, the demonstration was highly valuable not only for the department but for the hospital field at large. Miss Stuart is to be congratulated.—*J. F.*

Training of Hospital Administrators

Existing Facilities Here and Elsewhere

Harvey Agnew, M.D.,
Professor of Hospital Administration, University of Toronto.

HOSPITAL administration is one of the most exacting vocations which can be undertaken, for it requires an unusually wide range of knowledge combined with a high degree of personal qualification. Although administration may not require such a high degree of intensively specialized technical knowledge as do some other professions, it is probably true that a large percentage of people with such special knowledge in other professions would be flat failures as administrators.

The recognition of the need for qualification, either through apprenticeship or formal training, has been slow in coming to the administrative field. This may be due to the fact that an intelligent, conscientious person with common sense and a good personality but no special knowledge or previous experience may be able, and often has been able, to "get by" until experience provides an adequate degree of knowledge. A few have been saved by a good Board and some by the efficiency of their assistants and departmental heads. Today, however, with an infinitely greater degree of technical knowledge required, with the legal potentialities intensified, with personnel relations requiring a distinctly changed approach, and with the hospital playing a greater role than ever before in the health program of the community, hospital boards are realizing that they must have administrators with either good experience or training, or both, and who are making every effort to keep abreast of changing conditions.

At the present time almost every other person in a position of responsibility in a hospital—the director of nursing, the supervisors, the instructors, the general duty nurses, the interns, the dietitian, the engineer, the technicians, the medical record librarian, the electrician, not to mention the pathologist and the radiologist, must have some certificate or diploma. This is not the case with the maids, the orderlies, the potato peeler—or the administrator!

However, what has happened in Minnesota may be an indication of what may become a widespread requirement. For two years now this state has required registration of its hospital administrators under a state "Hospital Superintendent Registration Law". This law requires registrants to have had at least two years experience in an administrative post acceptable to the State Board of Health, or to have successfully completed one year of formal training in an approved course in hospital administration, together with a one-year internship. Those who were superintendents at the time of the passing of the Act were declared eligible for registration. Already this Act has proved to be beneficial in preventing appointments that would probably have been unfortunate.

It will be interesting to note how long it takes for this registration to become general. In this day of registration and licensure, I doubt if it will take long. In the State of Victoria, Australia, a person cannot be appointed to a senior post until he has obtained the diploma of the Australian Institute of Hospital Administrators. This is based on a four-year course of study.

Formal Training

On this continent training until quite recently was entirely on the apprenticeship basis. It has had its strong points and its weaknesses and omissions. However, for some years now we have seen develop a combination of academic and practical training in which the universities have played a large part. The result has been a level of scholarship and breadth of curricular study which should do much to attract to hospital administration the type of men and women so essential if our hospitals are to prove worthy of becoming the focal point of our whole system of providing health care.

The seven courses represented in the Association of University Programs in Hospital Administration follow a common pattern which has proved eminently satisfactory; i.e., an academic year of instruction in various university departments in which lectures and demonstrations by administrators and department heads of local hospitals form an important feature, followed by a 12-month administrative residency in a selected hospital, possibly in a distant city, where the resident is rotated through one department after another.* In most of the universities the course is associated with the School of Public Health. This is the case at Columbia, Minnesota, Toronto, Yale, Johns Hopkins, and

An address presented at the Montreal meeting of the American College of Surgeons, held in March, 1950.

**The seven courses meeting the requirements of the Association of University Programs in Hospital Administration are at Chicago, Columbia, Minnesota, Northwestern, Toronto, Washington (St. Louis, Mo.), and Yale. Since this address was given St. Louis University has received membership and steps have been taken which will probably include Johns Hopkins and California.*

California. However, the oldest course, that at Chicago, is under the School of Business Administration and at Northwestern it is under the School of Commerce. At Washington University in St. Louis, and at St. Louis University, the courses are under the School of Medicine. Despite these varying faculty affiliations there is a fairly close similarity in the curriculum content. All of these courses are at the graduate level although Northwestern also gives an undergraduate course leading to the degree of Bachelor of Science in Hospital Administration and California has started one also.

Another type of training is being given at Duke University. This is a two-year course at the graduate level but, unlike the other courses already mentioned, both years are on the apprenticeship basis, the students rotating through the hospital services on a two-year basis, with the academic work greatly reduced.

The graduate course at the University of Iowa is a two-year one, limited in size and somewhat similar to that at Duke, i.e., it is a two-year graduate course with practically all of the work done in departments.

What is being done in other countries? In most of them I fear that the answer is, nothing. But there are some excellent exceptions.

Great Britain

In Great Britain, training has been essentially of the part-time in-service type. The university-directed, full-time type of course, which we have here, has not been developed. For some years there have been correspondence courses leading to the examinations of the Institute of Hospital Administrators. Many of those taking the courses are accountants and stewards but the majority are general office clerks, assistants to cashiers, et cetera. Experienced administrators usually are elected directly to Associateship or Fellowship. In some of the larger centres, oral classes at evening institutes have been set up. Since the war the King Edward's Hospital Fund for London has provided bursaries of from £400 to £600 per annum for practical study and work covering up to eighteen months in the larger London hospitals. At first restricted to veterans coming fresh into the hospital field, the Fund has since opened the bursaries, really administrative internships, to men already in hospital service.

A few years ago, also, there was created an Education Committee, representing the Institute, the government, the universities, and other bodies, which has set up a standard qualifying examination common to all sections of the hospital service. This arrangement has permitted the development of a desirable general, rather than sectional, qualification. For the past two years the Institute has conducted a popular one-week summer school.

The Staff College in Britain

Within recent months a commendable development has taken place in England. The King Edward's Hospital Fund, seeking a fresh use for its funds now that the hospitals are being financed by the government, has set up a "Staff College" for the education of hospital administrators. There should be no conflict of interest with the Institute of Hospital Administrators, for the new Staff College will not conduct any examinations nor will it award any diploma.

The Staff College will provide short refresher courses in administration. Later it will give longer and more detailed courses to small selected groups in receipt of bursaries. An initial capital sum of £25,000 is being set up and for a beginning some £16,000 annually is being provided. The first course starts in October.

Australia

In Australia the Australian Institute of Hospital Administrators recognizes Associates and Fellows. A hospital administrative training program is now being developed. It is based largely on accountancy and business practice and would seem to be taken for the most part by hospital accountants, clerks, secretaries, stores officers, and secretary managers. Lectures are taken by correspondence. Administrative cadets are assigned to selected hospitals.

In numerous other countries, such as those in Latin America, promising young men are sent to the United States to take courses there. In this they are assisted

* * * * * * * *

Un Résumé

Cet article est écrit par le docteur Harvey Agnew, professeur d'administration hospitalière à l'université de Toronto. L'auteur établit en quelques mots ce qu'il entend par administration hospitalière et les qualités requises pour faire un bon administrateur. Actuellement les administrateurs n'ont pas besoin d'un diplome pour occuper leur poste; cependant de récents évènements aux Etats-Unis laissent prévoir que d'ici quelques années un diplome deviendra nécessaire. L'auteur passe en revue les différents cours qui sont donnés en Amérique dans cette spécialité, v.g. à Harvard, Columbia, Toronto etc. En Angleterre et en Australie il existe également des cours organisés. Quelle valeur doit-on accorder à ces cours? En Angleterre les cours n'ont pas semblé attirer les individus possédant une éducation supérieure. Il est pourtant nécessaire surtout avec l'importance que les hôpitaux tiennent dans les organisations de santé, que les administrateurs soient des hommes possédant une base solide dans toute les branches se rapportant à leur spécialité, i.e. hygiène publique, médecine, psychologie, pédagogie, etc. Le docteur Agnew expose ensuite la situation actuelle au Canada. Les cours s'étendant sur une période de plusieurs années ne donnent pas une solution complète. Tout d'abord ils ne suffisent pas à fournir les petits hôpitaux et de plus plusieurs jeunes étudiants n'ont pas le temps ni les moyens de suivre un long cours. La solution se trouverait dans l'organisation de cours moins longs qui viendrait compléter les premiers. Déjà à Toronto et à Montréal des pas ont été faits dans cette direction.—*Yves Prévost, M.D.*

U. of T. Students in Administration Accept Residencies

The third class in hospital administration at the University of Toronto has completed the nine months' period of academic work and has been assigned to administrative residencies comprising the second year of training.

Top row, left to right: D. T. Armitage, who goes to the Ottawa Civic Hospital; Stacy Johnson, to the East Tennessee Baptist Hospital, Knoxville, Tenn.; F. H. Silversides, Children's Hospital, Winnipeg; J. A. McNab, Vancouver General Hospital; R. A. Fleetwood, University Hospitals, Iowa City.

Second row: Gerald Stewart, Strong Memorial Hospital, Rochester, N.Y.; Douglas Peart, Toronto East General Hospital; Harold Wetzel, Memorial Hospital, Houston, Texas; J. C. Lee, Hamilton General Hospital; Joseph Hornstein, Jewish General Hospital, Montreal.

Front row: R. J. Pearce, Victoria Hospital, London; Harvey Agnew, M.D., F.C.H.A., Professor of Hospital Administration; Miss Eugenie M. Stuart, B.S.H.A., Assistant Professor; Leonard O. Bradley, M.D., Associate Professor; Gerald La Salle, M.D., Royal Victoria Hospital, Montreal.

greatly by the Kellogg Foundation.

Evaluation of Courses

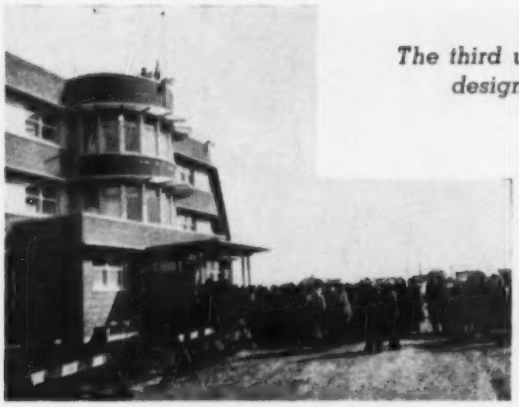
How can one evaluate these varied approaches? Before putting our own procedures under the microscope, let us first consider the other programs already mentioned.

In England the correspondence and night class type of course has been quite helpful for on-the-job training of young men and women already holding junior positions in the field. It has been a great help to them to obtain advancement without loss of time or income. With some modification the principle might well prove applicable here.

Information received from various sources would indicate that the prevailing approach in England (we are not referring to the new Staff College), while very helpful to the man in the field, particularly those in junior positions, has not stimulated men and women with higher education to go into the field of administration. There should always be a way for boys, starting in from high school, to achieve positions of high responsibility. But, if hospital administration is to be recognized as a profession and if it is to hold its own among the other professions, all with steadily rising standards, encouragement should also be given to men of scholastic attainment and with scientific training to enter the field. Few medical men, if any, have taken the Institute examinations and, with the absorption of the County Council hospitals, few medical men have been left in administration.

In this day of social transition, with everyone groping for a solution to our perplexing social and economic problems, and with the hospital fast becoming the focal point of our whole health program, we need at least a fair percentage of individuals, in the administrative field, with a sound grounding in economics, sociology, the practice of medicine, the physical sciences, public health, law, psychology, current history, and the principles of pedagogy. Such individu-

(Continued on page 58)



The third unit of the Winnipeg Municipal Hospitals, designed for the care of long-term patients.

The Princess Elizabeth Hospital

Donald M. Cox, F.C.I.,
Secretary and Manager,
Winnipeg Municipal Hospitals,
Winnipeg, Manitoba*

THE official opening of the new Princess Elizabeth Hospital on March 23rd, was the climax of years of careful planning. The 208-bed unit was constructed by the City of Winnipeg and is operated by the city through its Municipal Hospitals Commission.

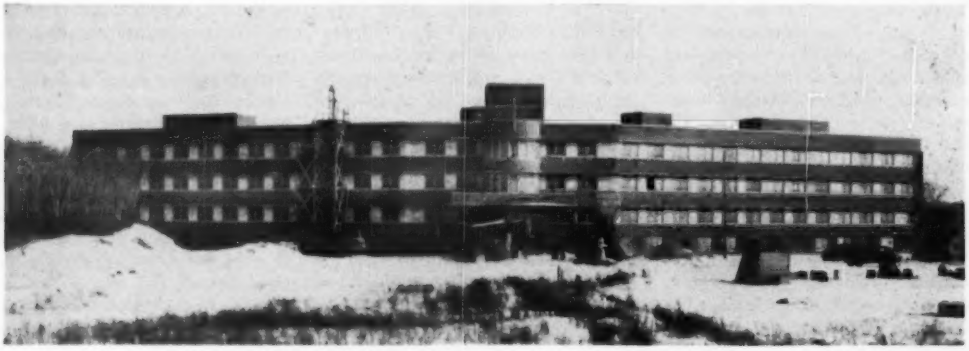
The history of the Princess Elizabeth dates back several years to the time when the inadequacy of accommodation for long-term patients was brought forcibly to the attention of the city council by the health officer. The situation was not peculiar to Winnipeg alone but could be encountered in many parts of this continent. A considerable number of chronically ill patients occupied beds in general hospitals while many more were unable to secure the hospital care they so desperately needed.

Therefore, it was decided to construct a new hospital to be used especially for the care of the chronically ill and to incorporate it as a new unit of the existing Winnipeg Municipal Hospitals' set-up (consisting of the King Edward Memorial and the King George Isolation Hospitals), rather than to establish it as a separate institution. There were many good reasons why it was advantageous to do this. Facilities, such as heating plant, nurses' residence, laundry, x-ray, operating rooms, administrative offices, maintenance department, et cetera, were already in existence and, with moderate additions to equipment and staff, could serve the new unit. The medical staff and the various diagnostic and treatment services were already well organized and could be expanded readily to meet enlarged needs.

The groundwork, preparatory to planning the hospital, commenced with a systematic study of chronic disease hospitals in New York City in the fall of 1945. Four outstanding chronic disease hospitals in that city were visited and an extensive report was brought back on all phases of their layout and operation.‡ The New York survey demonstrated clearly the need for

**This article was written before Mr. Cox assumed his present duties with the British Columbia Hospital Insurance Service in June.*

‡Desirable Features in Chronic Disease Hospitals, D. M. Cox, "Canadian Hospital", April, 1946; Increasing Attention to Chronic Diseases and Geriatrics, D. M. Cox, "Canadian Hospital". October, 1948.



A view of the Princess Elizabeth during winter construction.

a real hospital service for the long-term patients as compared with the custodial care which afforded little in the way of scientific treatment.

This survey was followed by an intensive series of staff conferences under the direction of the administrative staff to determine the requirements of the new hospital. Full use was made of the knowledge and experience of professional staffs and key personnel of the hospital in working out the many difficult problems relative to determining the type of accommodation and facilities required.

Construction

The building, consisting of three storeys and ground floor, is of reinforced concrete construction, finished in brick and cut Manitoba limestone. It is laid out in a chevron or arrowhead design, the overall length being 320 feet. This type of construction permits the addition of future wings at any time with a minimum impairment of natural light.

A service basement, below the ground floor, carries all steam, plumbing, and electrical services, leaving the ground floor free from pipes and conduit.

Due to the fact that operating rooms, x-ray, and various other services were already available in the other units of the Winnipeg Municipal Hospitals, the three upper floors of the Princess Elizabeth are devoted almost entirely to nursing services. There are two nursing sections complete with nursing stations, utility and service rooms, bathrooms, linen rooms, et cetera, on each floor. All nursing sections are identical; therefore, nurses and ward staff will require little or no orientation upon transfer from one section to another.

Nursing stations are conveniently arranged with ample cupboard and storage space. The chart desk sweeps out far enough into the corridor to permit vision up and down so that full command of the ward is possible at all

The ground floor of the hospital was inundated by the floods in May and certain repair and restoration work was required. All except very heavy equipment was removed before the flood.

times. Each nursing station has a private washroom for the nursing staff.

The patient accommodation consists of 36 single wards, 54 two-bed wards, and 16 four-bed wards. The wards are equipped with built-in metal lockers for each patient and basins are installed in each ward.

Furnishings and Decoration

The wards are decorated in a pleasing combination of pastel colours. In general, cool colours were selected for the south-western exposure, and warm colours for the north-eastern exposure. This permitted an attractive choice of green, grey, suntone, cameo, and straw colours in contrast to the natural birch doors, trim, and handrails. Windows are all double-glazed and equipped with venetian blinds.

The ward furnishings consist of a high quality steel suite finished in a rich shade of bleached mahogany. Chair seats and backs are upholstered in a selection of four colours of Plastahide leatherette to match the decorative scheme of each ward.

Each bed is equipped with radio receiving facilities. The patient can have either pillow receivers or headphones connected to a central receiving station, so arranged that he can select any one of four radio stations. Provision is also made for recorded programs or announcements from the office.

Corridors are wide and equipped with handrails at convenient height to assist ambulant patients. All doors are sufficiently wide to permit easy access of wheelchairs, stretchers, and beds. Bathrooms in each section include one with a raised tub on a terrazzo base to permit the transfer of patients to and from stretchers with a minimum of weight strain.

Every ward has a mop-shaking cabinet operating on an exhaust fan which starts automatically when the cabinet doors are opened. All dust and fluff is sucked up and exhausted at roof level. Heavier solids fall down the chute and are cleaned out below.

Attractive semi-circular solaria are located on the second and third floors. These rooms are furnished in a cheery combination of upholstered chesterfields and maple settees and chairs. Draw drapes are installed which can be utilized as desired to screen all or any part of the semi-circular windows. Sun decks opening off the second and third floors will make it possible for wheelchair and certain stretcher patients to get out into the open air and sunshine.

Floor coverings consist of terrazzo in the reception hall, kitchens, service rooms, bathroms, toilets, and locker rooms. Floors in the wards, corridors, waiting rooms, offices, and dining rooms, have battleship linoleum with a terrazzo border. The laboratory, physiotherapy and occupational therapy rooms have asphalt tile on the floors.

Dietary Department

The main kitchen is centrally placed on the ground floor. Great care was exercised to achieve the most convenient layout. Cooking units are arranged in an "island" in the centre of the kitchen adjacent to the preparation and serving areas. Cooking units consist of ranges, roast and bake ovens, steam cooker, steam jacketed kettles, tilt kettle, and deep fryer. From the cooking area the prepared food moves in an orderly manner to the ward kitchens and dining rooms. The ward kitchens are situated on each floor immediately above the main kitchen and are designed to serve the two wards on each floor by means of food carts. Food comes up from the main kitchen on a dumbwaiter and service elevator. Each ward kitchen has full serving facilities and is equipped with a dishwasher for speedy disposal of after-meal work.

Full use was made of stainless steel in designing work tables, sinks, refrigerators, as well as the cooking units themselves. A special diet kitchen, dietitian's office, dining rooms, and storerooms, adjoin the main kitchen. The kitchens are decorated in light blue, the dining rooms are done in suntones and greens. An inter-communication system, consisting of master stations in the dietitian's office and main kitchen, and substations in the ward kitchens and storerooms, serves the entire dietary department.

Other Facilities

An auditorium, or assembly room, conveniently placed on the ground floor adjacent to the elevators provides accommodation for church services, concerts, and movies, for ambulant and wheelchair patients. It will also be used extensively for clinics, staff meetings, auxiliary meetings, and other activities.

A central laboratory also placed on the ground floor will serve all three units of the hospitals, replacing the old laboratory which was not large enough even to meet the needs of the older units.

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Smiles Greet the Opening of the New Hospital

Members of the Winnipeg Municipal Hospital Commission and other officers register their approval of the Princess Elizabeth. From left to right, they are: Dr. J. L. Downey, Medical Director; A. J. Roberts, Vice-Chairman of the Commission; Ald. F. L. Chester, M.L.A., Chairman; Ald. H. V. McKelvey; Peter Cornes; D. M. Cox, Secretary and Manager; and Ald. George E. Sharpe.

LE PERSONNEL "NON-PROFESSIONNEL"

Au Service du Patient

Alphonse Brassard,
Directeur du Personnel,
Hôtel Dieu St. Vallier,
Chicoutimi, Québec.

TRAVAILLER au soulagement de l'humanité, tel est le but d'un hôpital. Dans les maisons catholiques on reconnait dans les malades le Christ souffrant et on s'efforce par tous les moyens de rendre plus légères les peines de la vie, visant, au-dessus des corps à guérir, les âmes à sauver.

Mais l'exercice de la charité ne nuit en rien à l'organisation scientifique et matérielle de nos maisons. Au contraire, nous sommes pressés par cette soif ardente qui brûle aux coeurs des âmes consacrées de faire tout en notre possible pour assurer à ceux qui sont sous nos soins le maximum de confort et de soulagement qui puisse être apporté à l'humanité souffrante.

Un rapide coup d'oeil sur le développement gigantesque de nos hôpitaux, en ces dernières années, indique mieux que des mots la réalisation de cette parole de l'Apôtre: *"Caritas Christi urget nos* — La Charité du Christ nous presse" (2 Cor. V, 14).

On ne s'est pas arrêté cependant à abriter un plus grand nombre de malades; on a voulu améliorer le service et le rendement de nos institutions. Le nombre des médecins s'est accru; ils ont poursuivi des études poussées; les infirmières ont augmenté en nombre et en science; les religieuses ont modernisé leurs méthodes tout en les laissant empreintes de la charité et du dévouement qui font la consolation des patients.

On s'est occupé abondamment de ces trois catégories de bienfaiteurs en publiant des volumes, des revues où l'en traite des moyens à prendre pour améliorer le rendement; conférences, séances d'études, congrès les ont réunis très souvent pour leur donner la chance d'épouser, sur l'heure, les inventions utiles à l'humanité souffrante.

Personnel Non-professionnel

Il restait une autre catégorie de travailleurs qui est pourtant d'une importance capitale dans la maison—celle du personnel non-professionnel qui sert aussi le patient —bien qu'indirectement.

Or celui-ci souffrira peut-être davantage d'un manque d'attention des serviteurs que d'un oubli des professionnels. Il ne dépend que de lui de changer de médecin ou d'infirmière. Mais le malade congédiera difficilement l'ingénieur en chauffage et le valet de service, et une chambre mal entretenue contrarie autant le malade que le retard apporté à lui administrer une potion calmante.

Le congrès des hôpitaux catholiques a vu cette lacune et il s'est efforcé de fournir sa quote-part pour la combler en nous demandant un travail sur le "personnel non-professionnel au service du patient". On ne peut pas dire qu'il a eu la main heureuse, mais le sort en est jeté. Nous ne dirons pas tout, cela ne finirait pas, mais si nous donnons une idée de qu'est le personnel non-professionnel dans une grande maison, des qualités qu'il doit avoir, et de la méthode à suivre pour lui faire donner du rendement au service des humains, nous aurons fait notre part pour soulager, bien qu'à distance, nos chers malades.

Nombreux—pour un Seul Malade ou pour Plusieurs Malades

Les statistiques du gouvernement nous indiquent qu'il fallait, pendant la guerre, *douze* hommes à l'arrière pour maintenir *un* soldat au front. Nous n'avons pas compilé avec autant de précision le nombre de serviteurs qu'il faut pour assurer au malade tout le confort et tous les soins désirés.

Sans nous arrêter aux professionnels, voyons un peu ce qui contribue à maintenir le malade à l'aise. Une chambre gaie l'aidera à chasser de son esprit les noires idées et cela nécessite souvent des peintres qui la rafraichiront ou des ouvriers qui la répareront—ce sont des laveurs et des femmes de ménage qui en assureront l'entretien. La température doit être maintenue à un degré uniforme et satisfaisant—donc du travail pour une équipe de chauffeurs et le jour et la nuit. Le malade doit s'alimenter; il est soumis alors à tous ceux qui ont pour mission d'acheter les aliments, de les préparer, de les apporter, cuits à point, pas trop chauds ni trop froids. C'est toute une armée qui est mobilisée pour cela: cuisiniers, marmitons, garçons pour transporter la nourriture dans les divers départements, serviteurs ou servantes qui préparent les plats selon le goût et l'état du patient, tout en suivant les indications du médecin.

Nous n'avons pris qu'un malade en particulier et nous avons déjà beaucoup d'employés. Si l'on considère maintenant le grand nombre de malades centralisés dans une maison, on verra que la multitude engendre de nouveaux besoins: tels les services d'ascenseurs, les services des bureaux d'admission, de comptabilité, de perception—toutes choses bien simples si la maison est petite mais qui demandent de nombreux employés si elle est de quelque importance.

En un mot, le personnel non-professionnel est plus nombreux que l'autre et, si son premier souci n'est pas la guérison du malade, il n'en reste pas moins que le travail du médecin ou de l'infirmière dépend souvent, en large part, du soin qu'auront apporté à

Un adresse présenté au Congrès des Hôpitaux Catholique, Montréal, juin, 1949.

leur tâche les aides de toutes sortes qui donnent leurs services à l'hôpital. C'est ainsi, par exemple, qu'un mauvais chauffage peut occasionner des frissons et même des pneumonies chez nombre de malades. Une nourriture qui ne serait pas absolument saine causerait des troubles digestifs à plusieurs, malgré les meilleurs régimes donnés comme prescription.

Variété du Personnel

Le patient requiert donc les services d'un grand nombre d'employés; il y en a de tous les âges, de tous les sexes, et de toutes les conditions.

Femmes: Ce sont les vénérables matrones qui prennent soin des poupons et qui s'adonnent à la couture ou au blanchissage. Ce sont de gentilles soubrettes qui portent un verre d'eau au malade altéré et qui servent les infirmières dans les départements.

Hommes: Ce sont les hommes qui poussent les fardiers, les garçons d'ascenseurs, les laveurs, les balayeurs, et combien d'autres.

Habileté Diverse

Mais si l'on a réservé le qualificatif de "professionnel" aux médecins et aux infirmières dans l'hôpital, cela ne veut pas dire que les autres employés soient dépourvus de connaissances. Au contraire, il nous faut dans ce domaine aussi des compétences et des ouvriers spécialisés. Nous avons besoin de couturières expertes, de cuisinières expérimentées, et de sténodactylos habiles. Chez les hommes, il faut des menuisiers vigoureux, des peintres délicats, des bouchers, des électriciens, des ingénieurs, des commis, des comptables, et cetera.

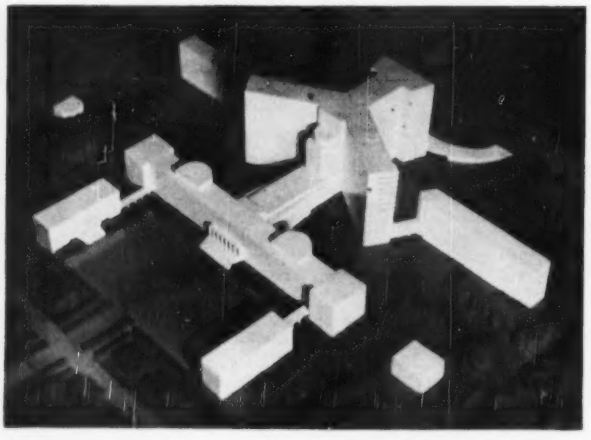
Nous réservons ici l'épithète "professionnel" a ceux qui s'occupent de la partie médicale et technique de l'hôpital. Tous les autres, certes, peuvent avoir reçu un entraînement, que nous exigeons, d'ailleurs; mais cet entrainement n'a pas nécessairement été fait dans un hôpital. En somme, tous ces employés possèdent une habileté technique mais au début ils n'ont pas été habitués à voir toujours au-dessus d'eux comme *premier patron:* le malade et ses exigences.

La préparation d'un médecin, d'une religieuse-hospitalière, ou d'une infirmière, même sa préparation scientifique est toujours faire en vue des malades à soigner, tandis que dans celle d'une cuisinière, d'un menuisier, ou d'un peintre, cette considération n'entre pas en jeu, et pour cause. Et alors, il arrive ce qu'on peut imaginer facilement; ces employés ne comprennent pas toujours de prime abord l'agencement du travail—pourquoi on fait le ménage à telle heure plutôt qu'à telle autre, pourquoi on sert les repas si à bonne heure. C'est qu'ils oublient les visites des médecins, du public, les traitements, et il faut qu'ils appren-

Laval University Plans Superb New Medical Centre

Laval University, Quebec, is planning to build a multi-million dollar medical centre that will serve the public need as well as give the best in medical training to future physicians. The massive project will be part of the St. Foye's University City and will be operated on the style of the Mayo Clinic. Each patient will be interviewed before admittance to the hospital and there will be no rooms with more than four beds. There will be 400 patient beds, 100 of which will be used for cancer cases. The centre, as a whole, will enable medical and dental students of Laval to obtain practical guidance under staff doctors and complete their education through research clinics and practical experience. Construction is scheduled to start this spring and units will be built singly as funds become available.

Tentative form and disposal of the various units are shown in the picture. The long, flat building in the centre will house the university's medical faculty, while the small, isolated buildings to right and left of it will serve respectively, as nuns' residence and morgue. In front, extending out of the oblong structure, each planned to be four storey's high, will be the faculty of dentistry, to the left, and of pharmacy, to the right. Connecting the medical faculty building to the Y-shaped, 12-storey structure at upper right will be research and other laboratories. The 12-storey structure itself will be the hospital, background wing to be convalescent hospital and foreground wing the school for nurses. The oblong structure jutting out (centre right) will house various hospital services. At the extreme right background is seen the entrance to the hospital. ●



nent que tout cet arrangement est ordonné en *vue du malade*.

On rencontrera dans ce groupe d'employés des caractères difficiles, et cela se comprend. Ces gens n'ont pas passé par un long stage de formation et on ne peut le leur reprocher, mais il faut en tenir compte; c'est une situation de faits que l'expérience se charge de nous montrer. Ils ont leurs besoins qui ne cadrent pas toujours avec les exigences de la maison. Ils ont leurs familles dont quelques-uns sont le soutien et ils ne pensent pas toujours que l'oeuvre de l'hôpital est une oeuvre commune et collective qui n'obtiendra sa fin que par les efforts conjugués et orientés au service du patient. Enfin, les employés non-professionnels ont des ambition parfois légitimes et qu'il faut satisfaire; parfois exagérées et qu'il faut restreindre, ou bien, envisager un renvoi si le bien de la cause l'epige.

Ses Qualités

On doit voir les hommes tels qu'ils sont, certes, mais cela ne veut pas dire qu'on puisse employer le premier venu, même s'il présente une carte de compétence dûment signée. Un hôpital n'est pas une usine quelconque où l'on ne regarde qu'à la production. Si l'on exige un examen minutieux avant d'entrer au service d'un industriel qui considère surtout le nombre de pièces qui sortent de ses ateliers, combien faudra-t-il y regarder de plus près avant de retenir les services d'un employé dont le travail aura une grande répercussion sur *l'humain*.

On requiert des employés d'hôpitaux certaines qualités tant du côté moral que technique. Les premières sont d'ordre individuel et social, les autres peuvent être acquises, ou en passe de le devenir.

Morales

Les qualités morales augmentent la valeur d'un employé quelque soit son patron, mais dans un hôpital plus qu'ailleurs il est important que tous soient absolument intègres sur ce point.

Les employés d'hôpitaux doivent être foncièrement chrétiens. Il ne convient pas que les serviteurs d'une communauté fassent fi des pratiques de la religion; ce serait un très mauvais exemple à donner aux compagnons de travail et une piètre réclame pour la maison.

On exigera des moeurs irréprochables, du respect dans les paroles et dans la tenue. N'oublions pas que les employés sont exposés à toutes sortes de rapports, même très intimes, avec les malades quelquesfois, et il faut pouvoir compter sur eux.

Dáns un vaste bâtiment, la surveillance ne peut être continue et

(suite en page 72)

Dr. Harvey Agnew Honoured by his C. H. C. Colleagues

AT a sub-committee meeting of the Executive of the Canadian Hospital Council held in Toronto on June 5th, Mr. Fraser Armstrong on behalf of the Council presented the retiring Executive Secretary, Dr. Harvey Agnew, with a wrist watch. This memento expressed the appreciation of Canadian hospital administrators and trustees for the contributions which Dr. Agnew has made during his twenty-two years of service to hospitals of the world in general and Canada in particular. Mr. Armstrong in his presentation address expressed deep regret that this meeting would be the last at which Dr. Agnew would attend in his official capacity as secretary. He also expressed the hope that Dr. Agnew would retain his appointment on the editorial board of the *Canadian Hospital*.

In his reply, Dr. Agnew indicated that he would continue to endeavour to serve the Canadian Hospital Council on the editorial board of the *Journal* and in any other capacity in which he could be of service. He briefly reviewed the years which he had spent in hospital service and indicated that these years had been exceedingly happy ones, particularly in the satisfaction which he had derived from the work and the many pleasant associations he had formed in all parts of Canada.

To the writer, the gift of a "self-winding" watch seems particularly appropriate in that it suggests Harvey's penchant for accuracy and his tireless energy. To those of us who have known him to sit through the day and evening at tiresome meetings and later read and write until the early morning hours, it would seem that he must have developed some physical and mental "self-winding" mechanism which enabled him to expend such a tremendous amount of energy.

The inscription is also well chosen—"Presented to Dr. Harvey Agnew by his colleagues of the Canadian Hospital Council, June, 1950". One is safe in saying that throughout the length and breadth of Canada, hospital trustees and administrators regard Harvey as a colleague and friend. His warm personality and kindly consideration made him friends wherever he appeared. The great amount of information which he has amassed and his incisive logical thinking won the admiration of all with whom he came in contact. It is the hope of those employed in hospital work in Canada that Harvey will continue to regard each and every one of us as a colleague and friend.—*A. C. McGugan, M.D.*

Hospitals *and the* Press

R. Holmes Parson,
The Montreal Star,
Montreal.

IN a period extending over fifty years in a profession, one has ample time to form habits. Having been a shorthand reporter during the past half century, the one habit most firmly implanted in me is that of being a listener. In reporting some 6,000 public gatherings, and listening to probably well over 20 million words, I have learned that making a speech is an art. I, like scores of other people to whom I have had to listen, have not mastered that art. The only difference between us is that I *know* I cannot make a speech, but they did not. However, I shall try to present my views regarding inter-relationship of the hospital and the press. Although I refer, naturally, mainly to conditions in Montreal, perhaps there may be some points that can be applied to other centres.

There will be launched shortly a campaign here to raise 18 million dollars for new buildings, extensions and improvements to three of our hospitals, and others are planning campaigns for funds to carry on. You can easily appreciate that, at the moment, there is evidenced on the part of those who are interested in these campaigns, the greatest possible desire to co-operate fully with the press. This is being done in order to secure the publicity that will bring to the attention of the citizens a realization of the great need for funds. The press is glad to co-operate in such a worthy cause, but I think that co-operation should not be all on one side.

Often by giving publicity to some accident case, public interest is aroused and results in many benefits for the unfortunate victim. However, sometimes hospitals will not release the information which will make possible such a human interest story.

Not long ago, there appeared in the papers all across the North American Continent, the story of a little girl whose wrist had to be amputated because of infection. The story said she had prayed to God and had asked others to do the same in order that she might not lose her hand. She was flown to a specialist in a distant city, the diagnosis was confirmed, and the amputation took place. As a result of those stories in the papers, thousands of dollars and many gifts were sent to the girl by sympathetic people, touched by the human interest story that some reporter had written and which was sent all over the country by one of the news services.

Right here in Montreal is a young girl who, because of disease, lost both her legs. It was feared that her body joints might never be sufficiently strong to support artificial limbs. The limbless girl was transported daily to the School for Crippled Children where she was given specialized education. She showed such courage and perseverance that it was determined to try to fit her with artificial limbs and, in time, she was able to walk. She is now working as a file clerk and taking a business course in the evenings, determined to be self-supporting. This is a human interest story, but the public never got to know about it. If there had been a closer relationship between the institution and the press, the story might have been written up at the time, with beneficial results for the girl and also for the school.

A newspaper carries the news that is of interest to its readers, written in a way that the layman can understand. The information published must be accurate regarding facts. The reporter cannot make any assumptions—only the editorial writers have that privilege—and he must verify every statement, particularly in cases of accident or disaster.

When an accident happens, an ambulance is called and somebody is taken to hospital. This is news, not only for that person's relatives, but also to a lot of other people.

Generally speaking, there are two sources of information regarding such an accident. One is police headquarters, through which calls for ambulances are made, the other is the hospital to which the victim is taken.

The police co-operate by letting the reporter at headquarters know that something has happened, but they are not able to give any details. The reporter calls his city editor and tells him the bare facts and, if possible, he also calls the hospital to which the injured persons are taken. Sometimes, two or three ambulances are called. Then the emergency reporter calls the hospitals. At one he may ask for the admitting office, at another the dispensary, at a third the emergency ward. One telephone operator may say the line is busy, call again. The nurse in the emergency wards may say the injured person is in the operating room, call again. The clerk in the admitting office says she has no details, call again.

All this takes time, which is especially valuable when the city editor is approaching the deadline for an edition. If it is a big accident, with several victims, every minute lost makes the city editor's blood pressure go up, for, naturally, he does not want another paper to have a more detailed story than his own. If you try to explain this to someone at the other end of the line at the hospital, you are likely to get the answer, "Our prime business is to try and keep people alive." In so far as they are concerned, that is all there is to it—the details can wait.

In a serious case, the reporter bows to the inevitable, but for every such case there are scores of others where it would be possible for someone to obtain information from the patient as to his or her name and address, age, status, and perhaps some details at first hand as to what happened. This applies especially where hospitalization is due to some accident in the home.

These details should be made available to the press immediately, but far too often the person answering

Condensed from an address presented at the A.C.S. Sectional Meeting, Montreal, March, 1950.

the phone gives the reporter what, in non-parliamentary language, might be called the "brush-off". Some, for reasons one can only surmise, even go to the length of denying that any accident case has been admitted, while others say they are "too busy" to give the details, even though they may have the record right in front of them.

Here is where there could be a closer inter-relationship between the hospitals and the press. Surely the staff of a large hospital can be so organized that it should be the duty of one person to act as a liaison officer between that institution and the press. When an accident case is brought in, that person could prepare, as quickly as possible, all the details for the newspapers, for he would know exactly what information the press requires.

Perhaps the co-operation could be carried further. The liaison officer could let the newspapers know when an accident case is brought in, especially if it is from out of town and, therefore, not within the knowledge of the city police.

If such an arrangement were

(Concluded on page 72)

Promoting Health Measures

Hospitals *and the* Radio

Marcel Ouimet,
Canadian Broadcasting Corporation, Montreal.

I MUST say, after listening to the vital statistics given by my colleague of the press, that I am more than hesitant to impose on him what might be the six-thousandth-and-first speech. I would like, however, to reassure him, and this distinguished gathering, that I shall be brief in my remarks.

The radio industry in general has always made it a point to help the hospitals whenever called upon to do so. I am not in a position to analyze what has been done by the private radio stations in this field. I gather, however, that their contribution runs along the same lines as that of the CBC and that it is mainly one connected with publicity.

It may be said that the radio industry has consistently supported the hospitals in the rather narrow field of campaigns by means of spot announcements, talks, and dramatized programs dealing with the work they perform and the service they render to the community, provided that appeals were acceptable under the terms of the broadcast regulations. These regulations allow appeals for funds by all recognized charities after due authorization has been secured from the federal, provincial or municipal powers involved and application has been made to the CBC. You may well realize that certain safeguards had to be established in this respect and that we could not render this service to each and every one of the hundreds of organizations which call upon us for help the year round.

In so far as the education of the public is concerned, we have, at various intervals, stressed the importance of different institutions by means of documentaries. Our news services, whose bulletins are made up of items supplied by the press associations, also bring medical news to the attention of the community. They bring this news soberly in order not to cause alarm, especially in times of epidemics. Talks have been given at various times on a number of medical and health topics. Also, the radio stations have consistently co-operated with the federal and provincial health authorities in the promotion of health measures which are likely to increase the general well-being of the community.

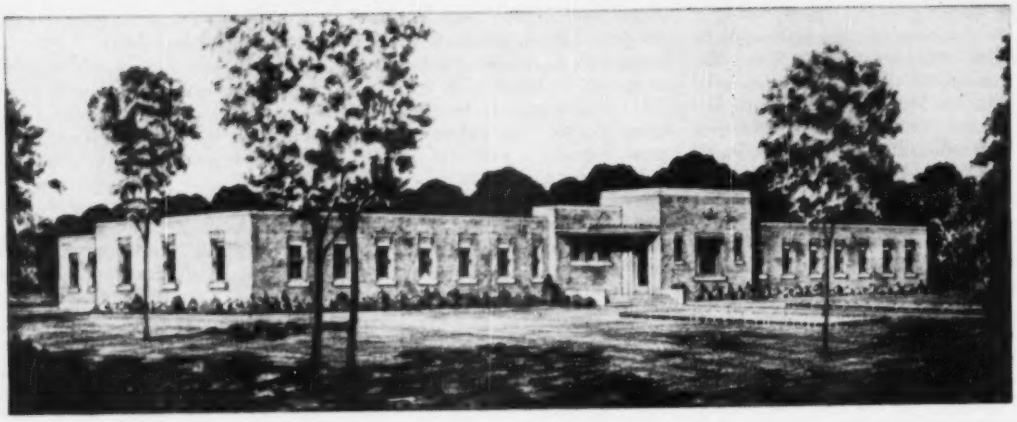
May I point out, in this respect, that we are again very careful when we approach any of these topics. We insist that they be presented under responsible auspices and in a manner suitable to such an intimate medium as radio. The time of the broadcast itself is taken into consideration, as it is felt that broadcasts on health or medical subjects can assume a more frank approach during the late evening hours than in the morning or afternoon. Other regulations of the CBC govern the advertising of foods and drugs on all radio stations, in order to protect the public from undue propaganda concerning the virtues of such and such a patent medicine.

This seems a very rapid analysis of what is being done to help safeguard the health of the Canadian people. I believe the members of the audience would be in a better position than I am to suggest ways and means for further assistance.

I can stress, however, that radio certainly would not be opposed to the establishment of public relations offices in hospitals. This would greatly facilitate the transmission of information regarding important patients, accidents, et cetera, and, at the same time, allow the radio industry to give the hospitals their due, the doctors and research scientists the publicity they rightly deserve, without any danger of their being accused of unethical advertising.

Radio might also assist the hospitals by a more complete dissemination of common hygiene or public health lessons, thus reducing the number of minor cases brought to the hospitals when they are already bulging at the seams. This could hardly be done, however, without the closest co-operation of the health authorities, the medical profession, and the radio industry, because listeners—and we broadcasters have learned this at our expense—are apt to misconstrue the meaning of the lessons that are being taught and come out with the most ghastly interpretations of what is said on the air. Television, in its time, may partially correct this tendency, as the image, in its illustration of the spoken word, might ensure a more thorough understanding.

Condensed from an address presented at the A.C.S. Sectional Meeting, Montreal, March, 1950.



Handsome Structure to Replace Present Bowmanville Hospital

THE hospital serving Bowmanville and the surrounding area at present has been functioning for many years in a large old-fashioned residence, remodelled for that purpose. For some years the board has been looking forward to erecting a new building. Necessary funds now being available, construction commences this spring. The building will be situated directly west of the present hospital and nurses' residence, on a level attractively-wooded site.

With two floors, the hospital will have a capacity of 50 beds. The lower or basement floor, will house the dietary department, staff rooms, dining rooms and locker rooms, laundry, boiler room, and ample storage space. There will also be some unfinished areas which can be used for such purposes as may be indicated by conditions in the future.

One wing of the upper floor will contain the maternity department with 17 patient beds, the creche with its 19 bassinets, and the obstetrical suite. In the main or front wing will be the medical and surgical section, with accommodation for 33 patients at the south end, and the surgical suite at the north end. This suite will contain two operating rooms and a central sterile supply. Adjacent to it will be the x-ray department and the laboratory. In addition, there will be a small emergency room adjoining the ambulance entrance.

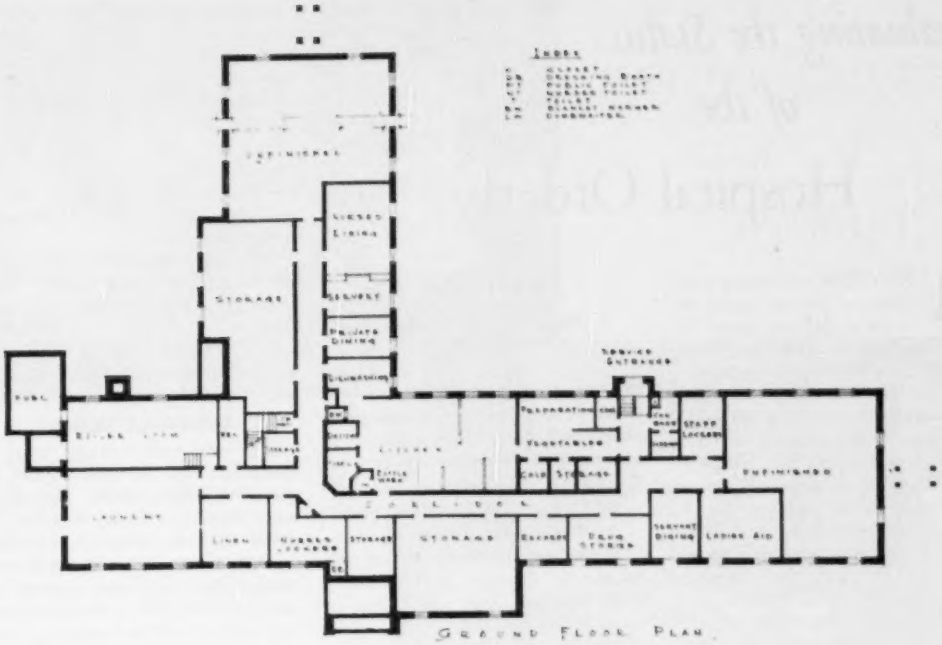
The accommodation for patients includes three single rooms and fourteen double rooms, as well as several three- and four-bed wards. No ward will contain more than four beds. They will be attractively decorated, with each room individually planned. Water pipes are to be installed in each room so that, although not included in the present plan, basins can be provided when funds are available. They are being included in the furnishing of many of those rooms which organizations and individuals of the community have undertaken to equip.

The construction of the building will be thoroughly modern in every respect. Walls will be of red brick, backed with hollow terra cotta tile. For the roof and the first floor partitions supporting it, wood will be used. There will be terazzo floors in all service and treatment rooms, while floors in the patients' rooms and corridors will be of linoleum. The lower floor is completely fire resistant.

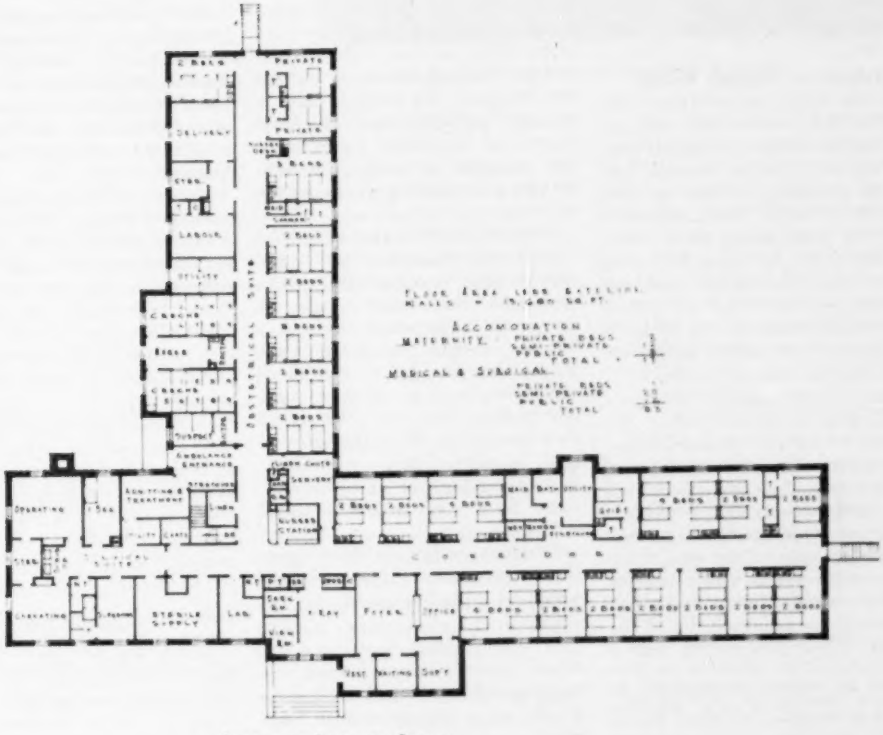
The well-equipped kitchen will be bright and airy, being of ample size to take care of an increased number of patients should the hospital be expanded in the future. Off the kitchen are to be rooms for the preparation of meats, vegetables, and other foods, as well as plenty of both cold and dry storage space.

Two high-pressure boilers will be installed in the hospital for protection in case of a breakdown in one of them. The building is to be heated by steam convectors. All service rooms will be ventilated and provision will be made for supplying fresh humidified air to the operating and delivery rooms and the creche.

With careful planning and with the type of construction being used, it will be possible to build this hospital at a cost somewhat lower than that generally found elsewhere. It has been estimated that the total cost of the complete building, including all connected equipment such as plumbing and electric fixtures, sterilizers, et cetera, will not be over $1.00 per cubic foot. Harold J. Smith of Toronto is the architect.



Ground Floor Plan



First Floor Plan

Evaluating the Status of the Hospital Orderly

Ray S. Clark,
Personnel Officer,
Royal Victoria Hospital,
Montreal, Quebec.

A REVIEW of nursing practices of recent years reveals a definite trend toward the use of more and more auxiliary workers in providing adequate nursing care. It is an acknowledged fact that 30 to 70 per cent of the nursing function can be performed by someone other than a professional nurse. Modern nursing appears to be rapidly heading for an era where we can expect many and varied levels of nursing care, ranging from a highly trained nurse serving only in a specialized capacity to an auxiliary worker performing limited or minor duties. We must be certain that all these persons provide a high standard of nursing care on the level at which they function.

Role of the Auxiliary Worker

In our haste to reorganize the work of the professional nurse, it is a simple matter to exclude certain duties from her routine and to add auxiliary workers to perform those duties. We continue to expect a good standard of nursing care from the nurse but what do we expect to obtain from the auxiliary worker? Are we giving sufficient attention to the 30 to 70 per cent of the work which we state can be done by others?

Many of our hospitals today are establishing positions within the nursing field which provide limited employment for individuals who are desirous of being associated with medical service. While offering an opportunity to participate in the care of the sick, these positions do not as a rule provide sufficient remuneration to furnish the every-day requirements of the worker. It is conceivable that a review of such positions might make it possible to rearrange a number of duties into a group of jobs which could provide full remunerative employment and lifetime work for certain individuals.

The Position of Orderlies

While much remains to be said about this situation, I particularly want to deal with one phase of auxiliary work—that which is performed by the group known as orderlies. Much has been said about it but very little has been done about it. Where major changes have been made they have often been the result of pressure exerted by organizations outside the hospital. We seem to have a two-fold problem, which has been intensified in recent years—very few suitable workers and substandard work when we do get the workers.

Why do we have this situation? I think that most of us will agree that we have been recruiting workers from that outer circle of the working populace known as "fringe" workers; those who float around just outside the circle of steady employment, working for a few months when the need arises, then moving on to another area or type of work. Many have very limited intelligence and certainly some have very doubtful social habits.

In most cases, the same general reasons for this situation would be advanced and would include:

(a) The term "orderly" has never been clearly defined. It could mean anything from a messenger to a highly skilled male nurse.

(b) Duties range over a wide area of service and the salaries paid vary from a stipend, plus subsistence and gratuities, to fairly substantial rates of $180 to $200 per month.

(c) We have never been too certain of the orderly's true value to the hospital and have placed his prestige on one of the very lowest levels.

(d) The hours of duty and other conditions of employment have been given only limited consideration.

(e) Actual working conditions are in many cases most unpleasant.

Definition of "Orderly"

Can we really define what is meant by an "orderly"? Do we mean a male nurse, attendant, ward helper, or cleaner? If we assume that we want an auxiliary worker performing a definite function in the care of the patient, can we agree that this person is essential as part of the nursing team or is he someone to be called upon only to do the unpleasant tasks for the patient?

Is it possible to assign these individuals to particular duties within various sections, such as wards, treatment areas, operating room, emergency services, or service departments (for example in radiology, outpatient or ambulance service)?

Can we arrive at a standard performance required for each or all of these duties? Is it possible to set standards for large or small general hospitals, for chronic, isolation, psychiatric hospitals, or sanatoria? Can we establish the true worth of the orderly and are we prepared to recognize him as an individual who lives and works in a community where he has to earn a respectable living? Can we give him a reasonable living wage? Have we recognized the influence these workers have on the public relations aspects of nursing care and on the patient's impression of our hospitals?

Suggested Duties

If we are prepared to admit that the orderly forms an essential part of the nursing team, are we going to confine his duties essentially to patient care or are we

From an address presented at the Sectional Meeting of the American College of Surgeons, Montreal, March, 1950.

BEAUTY SERVICE AS A THERAPY

Beauty Service at Verdun Protestant Hospital.

BARBER shop service and hair dressing facilities are becoming increasingly important in hospitals for the mentally ill and for long-term patients. To women patients, particularly, neat and attractive personal appearance means much to the morale, a factor so vital in treating cases of acute and chronic emotional maladjustment.

Eight years ago, Verdun Protestant Hospital, Verdun, Quebec, provided the space and equipment for a beauty parlour for women. Appointments are made through the occupational department and the hairdresser operates on a part-time salary basis with commissions. Patients who are confined to bed are given beauty service on the wards. While some are able to pay for these services, those who cannot contribute are given appointments for their therapeutic value. With current receipts almost entirely covering current expenses, the department has been efficiently operated and maintained.

The following list indicates the value and type of work undertaken in the past twelve months: 835 hair cuts, 734 shampoos, 669 wave sets, 77 permanents, and 39 manicures. The ultimate contribution of such a department, however, can never be evaluated. Not only has it resulted in more interest in personal appearance on the part of the patients, but it has set an example to private and staff nurses as well. One patient enthusiastically endorsed the beauty service with this comment: "It keeps up your morale to do the things that you do at home." Another remarked: "We like to look as well as we can when visitors come so that they know we are getting better and then they do not worry so much." ●

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going to add other duties such as care of the rooms, corridors, floor and wall maintenance, et cetera? Should our orderlies have the knowledge and ability to perform the following functions?

Assist with the admission of patients;

Take care of clothing and valuables;

Transport patients either by bed, stretcher or wheelchair;

Assist the physician with physical examinations;

Assist with pre-operative care;

Assist with certain post-operative duties, certain disturbed cases or in recovery rooms;

Assist the nurse in bedside care, especially patients in casts or dressings;

Administer simple enemas;

Use and care for bedpans and urinals;

Care for enamelware and instruments;

Perform certain laboratory tests, such as routine urines;

Autoclave and prepare sterile supplies;

Care for and distribute linens;

Assist in operating room work;

Care for the body after death;

Take part in emergency services such as first aid in ambulance duty;

Participate in oxygen service and maintenance of oxygen equipment;

Engage in other duties which do not require special nursing techniques or observations.

After we have analyzed the work to be done, we should be in a position to set standards for the physical, mental, and educational requirements for orderlies. Who

is to say what type of person will be best suited for orderly work? Is it possible at a glance to determine that a 200 lb. physically fit man with a high school certificate will make a better orderly than a 125 lb. rather weak looking individual with a grade IV education? Perhaps the best solution is to select the person most suitable for the job to be done. Look for a physically and mentally sound person with good average intelligence, of neat clean appearance, who has an earnest desire for public service. Age is not of great importance.

Training

Training should be a continuous process, beginning with the first day and carried through with each change of position or new phase of work which may develop from time to time. The main purpose should be to keep the worker informed of any changes which might take place and to give him a good idea of what to expect in the future. Can we estimate in dollars and cents the cost of inefficiency? How much time is wasted each day and night explaining and re-doing work which should have been correct the first time. I think that if we recruit suitable persons

(Continued on page 86)

Medical Services in Newfoundland

PROVISION of medical service in Newfoundland has always been made difficult by the sparsity of the population and the lack of adequate communication and transportation facilities.

As far back as the last years of the nineteenth century, doctors in the coastal and rural areas of the country inaugurated a system of yearly family fees which, in many ways, was quite similar to modern concepts of health insurance. Once a year, the doctor collected his fee which covered all ordinary medical attention. Additional charges were made for extras, such as drugs, minor surgery and maternity cases.

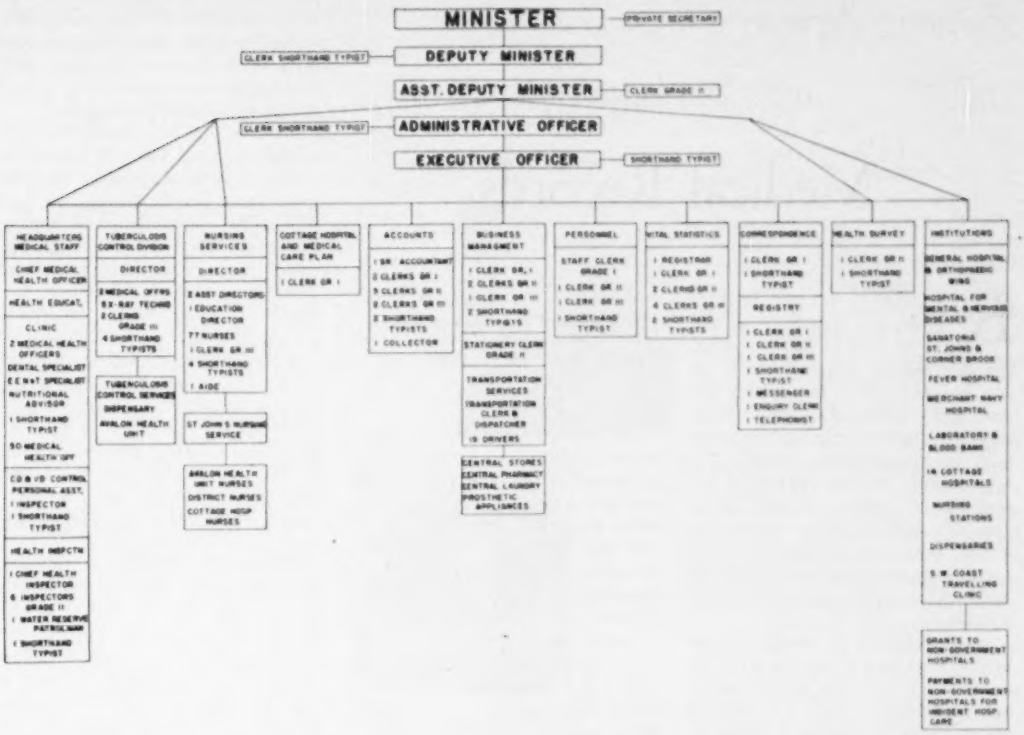
After the first World War, a board and then a bureau of health were organized as a division of the Department of the Secretary of State. This division expanded the system of subsidizing doctors for service to those who could not pay and for certain public health functions. Co-operation with the Department of Justice enabled doctors to be appointed as magistrates in certain isolated areas where there was not enough work of a purely judicial nature to warrant the appointment of full-time magistrates. This expedient was also used as an incentive to doctors to settle in those areas.

In 1934 the Department of Public Health and Welfare was established and that year full-time medical personnel were first employed by the Government in other than institutional positions. Under this Department, the operation of existing hospitals — general, mental, and tuberculosis — was consolidated into a medical and nursing service planned to cover the island.

Between the years 1934 and 1944, twelve cottage hospitals were built and, since the end of the last war, this number has been augmented by the acquisition of hospitals built by the armed forces at Botwood and Gander. The bed capacity of the original cottage hospitals varied from twelve to twenty-eight; the total capacity now provided by this system is 320 beds. About one-third of the present estimated population of 345,000 is covered by a health and hospital insurance plan centred around the cottage hospitals. While shortage of medical and nursing personnel has hindered its development, the plan continues to provide domiciliary care and hospital in-patient and out-patient service for an annual fee of ten dollars per family. This annual fee covers everything except transportation, dental extractions, maternity care, and drugs. The

For additional information concerning hospitals and health services, see the "Canadian Hospital", January, 1950, p. 34.

Organization Chart, Department of Health, Nfld.



Government pays the deficit which must be expected to be incurred where the fee is fixed at such a low level. Patients requiring treatment for more obscure or complicated conditions are entitled to care in the St. John's General Hospital and are expected to pay only their transportation costs.

At present there are 138 physicians, a figure including all those engaged in institutional and other full-time positions. Considering only those in active medical practice, there are over 3,000 persons to every physician and, in some areas, the ratio is as high as 7,500 persons to every doctor. All but a few doctors are associated with the Government, either by the payment of subsidies or on a fee-for-service basis. There is, thus, a close integration of medical care and preventive medicine programs. The doctor officiating at a birth is the doctor who will see that the baby receives protection from diphtheria and whooping cough.

During recent months, the former Department of Public Health and Welfare has been divided into separate Departments of Health and of Welfare. The new Department of Health is responsible for operating the hospitals, providing medical care, and carrying out preventive measures. The Department of Welfare administers mothers' and dependants' allowances, child welfare, assistance to able bodied, old age pensioners and to the blind.

C.M.A. Elects Senior Members

Eleven doctors were honoured recently at the annual convention of the Canadian Medical Association held in Halifax, when they were elected senior members. Only 11 senior members, at least 70 years of age, may be elected each year and each one must be nominated by one of the provincial divisions. The new members are: F. M. Auld, M.D., Nelson, B.C.; G. D. Stanley, M.D., Calgary; J. G. Warren, M.D., Canora, Sask.; John A. Gunn, M.D., Winnipeg; H. M. Torrington, M.D., Sudbury, Ont.; W. W. Francis, M.D., Montreal; O. R. Peters, M.D., Rothesay, N.B.; Daniel Murray, M.D., Tatamagouche, N.S.; W. S. Williamson, M.D., Yarmouth, N.S.; and N. S. Fraser, M.D., St. John's, Nfld.

Officers Elected for the Coming Year are:

Past President: **J. F. C. Anderson, M.D., Saskatoon.**
President: **Norman H. Gosse, M.D., Halifax.**
President Elect: **H. B. Church, M.D., Aylmer, Que.**
Chairman of General Council: **Harris McPhedran, M.D., Toronto.**
General Secretary: **T. C. Routley, M.D., Toronto.**
Assistant Secretary: **A. D. Kelly, M.D., Toronto.**

Pursuing Accuracy and Completeness in Medical Records

O. C. Trainor, M.D.,
Medical Superintendent, Misericordia Hospital, Winnipeg, Manitoba

RECORDS, in the broader sense, are probably as old as the race. One can imagine the earliest cave man recording his successful sanguinary encounters with the sabre-tooth tiger by check marks on the stone wall of his primitive abode. We know that, as the events of his nomadic existence became more complex and he advanced in the ethnic scale, he resorted to pictorial representations or records of daily life on the walls of his cave dwelling.

As civilization advanced and the art of a written language was discovered, the records became more comprehensive and covered a wider range of human activity, so that early records, such as the cuneiform tablets of Mesopotamia and the papyri of the Egyptian pyramids, disclose a suprisingly diversified record of social structure, including customs of law, education and public health.

As human activity became diversified and segregated into more or less clearly demarcated zones, it was no longer possible to compile the records in omnibus form, but each separate field developed its own recorded history.

It is curious to observe that, as each field of human endeavour assumes greater importance in public regard, its development is characterized by a prolixy of record and a tendency to stress minutiae. This process reaches its apogee in the insistence of modern legislators that every word spoken in their deliberative sessions must be recorded lest, perhaps, a pearl of wisdom be trusted to the tender mercies of faulty memory. However, it is only fair to remember that one does not obtain wheat without much tedious winnowing.

In the development of technical recording, it is sad to comment that medical records have not "led all the rest". Contrast them, for example with business records, for accuracy and meticulous safeguarding from error. This may be but a reflection of a materialistic preoccupation with the affairs of Mammon and most certainly reflects the perverse tendency of human kind to place wealth before health. What business including hospitals finds it expedient to dispense with an annual audit of its books of account? Who, until very recently, ever imagined an audit of the medical record?

The foregoing, necessarily condensed, review of general aspect is designed to point out the importance that has always been attached to the record, in all phases of human endeavour; an importance, well founded in reason, when it is realized that all human progress is conditioned by a knowledge of the past, be it a century ago or only yesterday. It may also serve to explain that oftimes embarrassing insistence of Dr. MacEachern on the quality of the medical records, in his program of hospital standardization.

Content

The essential quality of a record is revelation. It should present as full and complete a picture of the events and conditions it chronicles as to enable easy reconstruction by future readers. To the extent that it fails to portray essential facts it fails in its primary purpose and, if the deficiency be serious, it may prove completely valueless.

Custom has prescribed the form of the hospital medical record, in such a way as to present the relevant facts about the patient and illness in convenient and logical sequence. First come the identification data, which are important and demand accuracy. Family history is now set down. All this is recorded in the hope of illuminating the genetic background of the patient and often furnishes a significant clue to his present illness. Next comes the story of past illness. An existing disorder may be rooted in the past and the saying that history repeats itself is sometimes exemplified in human disease.

A complete history of the present illness is now in order and questioning should here be detailed and searching. As in legal cross-examination, leading questions are taboo because nothing is more conducive to error than suggestion. A certain amount of discreet guidance is sometimes desirable, however, and one may find it necessary to restrain garrulity.

The foregoing constitutes the medical history and is a vital part of the complete medical record. It is a truism to say that a good medical history will often point to the diagnosis even before the patient is examined. For this reason it must be taken by a doctor or at least by a person with reasonably complete medical training. The practice of delegating history-taking to nurses or secretaries, arising out of a shortage or absence of interns, is mentioned only to be condemned. Such a history is worse than useless. If interns are not available, the hospital should find a way of persuading or compelling attending doctors to write medical histories on their own patients.

The physical examination may next be undertaken and recorded. In order to ensure completeness and avoid omissions, this is done

(Continued on page 56)

From an address presented at the Western Canada Institute for Hospital Administrators, 1949.

Animated discussion on voluntary prepaid health care a feature of

Maritime Hospital Convention

NEW BRUNSWICK played host to her sister provinces of Prince Edward Island, Nova Scotia and Newfoundland, as over three hundred persons assembled at St. Andrews by-the-Sea for the eighth annual convention of the Maritime Hospital Association, held on June 13 to 15.

Excellent pre-season weather and the picturesque Algonquin Hotel overlooking the blue waters of the Bay of Fundy combined to provide a colourful and enjoyable setting for the meeting.

Alex. D. McGinnis of Antigonish, N.S., president of the Association, reported on the year's activities and presided over the general sessions of the meeting, with the assistance of the association's able and active secretary-treasurer, Mrs. Gladys M. Porter, of Kentville, N.S. Mother M. Ignatius of Antigonish, chairman of the Exhibits Committee and C. W. Fraser of New Glasgow, N.S., president of the Maritime Hospital Exhibitors Association, and their associates, were commended for their handling of exhibit arrangements. A total of forty-four firms occupied the fifty available booths, displaying a wide variety of hospital supplies and equipment, and provided an interesting and important educational feature of the meeting. The program arrangement allowed ample time for visiting the exhibits and delegates availed themselves freely of this opportunity, to the benefit and satisfaction of all concerned.

Provincial Problems

Sectional meetings for the discussion of hospital problems of a purely provincial nature were held under the chairmanship of Neil D. MacLean, Ralph H. Gale, and A. D. McGinnis, chairmen respectively of the P.E.I., N.B., and N.S. sections.

The able direction of Alex. D. McGinnis, above, retiring president of the Association and Mrs. Gladys M. Porter, below, secretary-treasurer, went far toward making the convention a success.

The application of the new provincial 4 per cent sales tax in New Brunswick was described in some detail by the government representatives and many points in the new law were clarified. Nevertheless, the hospitals registered unanimous disapproval of the application of the tax to public hospitals and a special committee was set up to continue discussions with provincial authorities.

Trustees

Rev. Father W. J. Gallivan, Port Hawkesbury, N.S., introduced and conducted a panel discussion on duties and privileges of trustees. He reminded delegates that hospitals do not appear by accident but are deliberately created. Once established, an institution does not run automatically but needs sustained, inspired leadership and assistance from many sources. Father Gallivan emphasized that the hospital cause or goal must be appreciated by the public and above all by the trustees who must possess a spirit of devotion and willingness to serve. While never possessing a complete working knowledge of the hospital, trustees must fully understand the nature of their trust in order to discharge their duties properly.

Two hospital trustees, Michael Webb and Donald P. Chisholm, Antigonish, aided the chairman in presenting this panel and each contributed to the review of the subject and accepted a share of the responsibility in answering questions in the general discussion.

Medical Staff Relations

Dr. Joseph A. McMillan of Charlottetown addressed the convention and led a discussion period on medical staff relations. Emphasis was placed on the need for a complete constitution and by-laws, good medical records, and staff organization, in small hospitals with a limited medical staff. Discussion also covered the role of dentists in the hospital, medical staff appointments, control of major surgery, and related subjects.

Administration

Dr. J. Gilbert Turner, Superintendent of the Royal Victoria Hospital in Montreal, presided over a panel on administration, taking as his subject, "The Administrator: His Relationship to the Governing Board and the Medical Staff". Dr. Turner emphasized the necessity for each of these to have a clear understanding of the function, duties, and responsibilities of the other two, as well as of his own. He also described means of obtaining effective organization. Pitfalls to be avoided by the administrator and the nature of his reports formed the basis for a discussion led by R. Fraser Armstrong, Dr. Harvey Agnew, and Murray W. Ross, who represented the Canadian Hospital Council at the meeting.

Nursing Education and Service

Reverend Sister Catherine Gerard of Halifax presided over a general session devoted to the dis-

cussion of nursing questions, in the course of which Reverend Sister John Baptist of Charlottetown spoke on "Modern Trends in Nursing Education" and Miss Hilda Bartsch of St. Stephen, N.B., on "Modern Trends in Nursing Service". Proposals for a two-year nursing course in the Province of Nova Scotia received considerable discussion as did the role of auxiliary nursing personnel. Miss Bartsch also reviewed the post graduate courses in specialized branches of nursing being offered at the McGill University School for graduate nurses.

Dr. Joseph A. McMillan chats with Mother M. Ignatius and another sister.

Prepaid Medical Care

Guest speaker at the annual dinner meeting was Dr. Arthur F. Van Wart of Fredericton who spoke on prepaid medical care. Dr. Van Wart reviewed the development of both voluntary and governmental prepaid care plans and analyzed the benefits and limitations of each. He praised the advantages of the insurance principle inherent in contributory schemes and warned of the dangers and abuses in completely socialized medical and hospital care. Dr. Van Wart said that the voluntary plans, in view of their experience, must assume a full share of the responsibility of educating the public and advising government authorities. He also suggested that finding a satisfactory solution to the problem of providing coverage for sections of the population now unprotected offered a challenge which existing plans could not ignore.

The Blue Cross Program

Dr. Joseph A. McMillan, Chairman of the Maritime Blue Cross-Blue Shield Board of Directors, reported on the activities of that organization. He was assisted by Donald O. Downing and Stuart Gillis, respectively Associate Director and Public Relations Director of the plans.

"Dr. Joe" did not mince words in describing the role of the hospitals in relation to Blue Cross and in pointing out the weaknesses and the abuses which were being allowed to develop in some instances. He stated bluntly that the financial stability of the voluntary plan was in the hands of the hospitals and that they must face their responsibilities squarely.

It is hoped that an early issue of the *Canadian Hospital* will present in greater detail the warnings and advice of both Dr. McMillan and Dr. Van Wart in respect to prepaid care.

Accounting and Statistics

Walter W. B. Dick of Moncton, accounting consultant to the Maritime Hospital Association, spoke on the need for improved accounting methods in the hospital and the desirability of uniformity for purposes of comparison and study. Mr. Dick stressed that hospitals must be prepared to install proper accounting systems and to pay the staff to operate them, as business enterprises do. Otherwise, hospitals are going to be in a helpless position when they attempt to tell their story to the public and interested government agencies. Samples of proposed financial and statistical reporting forms were distributed to delegates through the courtesy of the Dominion Bureau of Statistics.

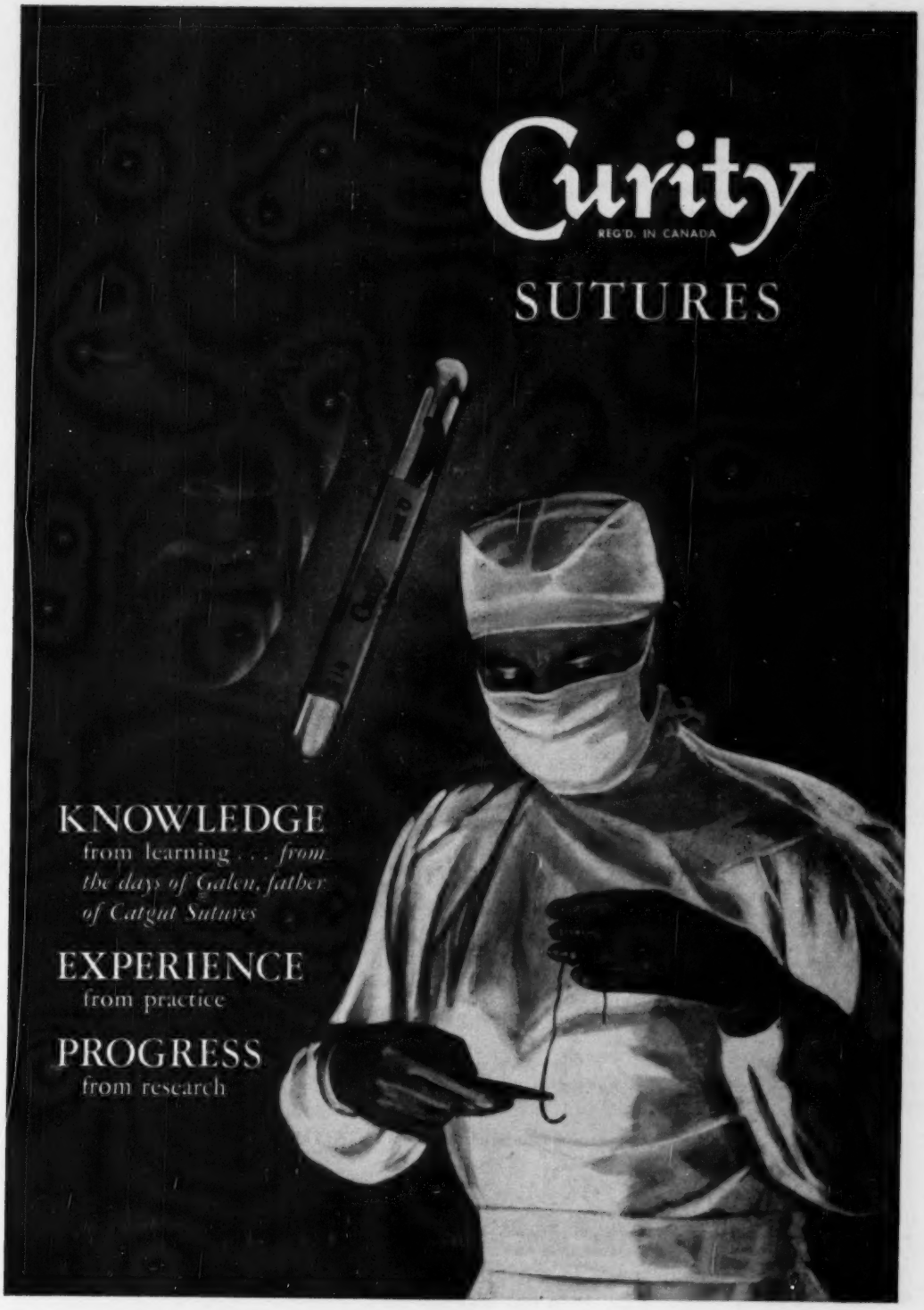
Delegates leave the convention Casino after a stimulating session on nursing.

Resolutions

Resolutions were passed to be referred to the proper government departments concerning the need for assistance in the construction of living accommodation and other building units necessary for hospital operation; and concerning the necessity of revising rates for hospital services rendered to Indian patients, veterans, and mariners. In respect to the New Brunswick sales tax (mentioned before) a resolution was passed deploring the action of the provincial government and requesting the repeal of the tax insofar as it affects public hospitals.

A resolution was passed thanking Dr. J. A. McMillan and his

(Concluded on page 76)


Curity
REG'D. IN CANADA
SUTURES
KNOWLEDGE
from learning . . . from the days of Galen, father of Catgut Sutures
EXPERIENCE
from practice
PROGRESS
from research

Food and Its Service

Sponsored by the Canadian Dietetic Association

Appetizing Recipes

AN exchange of recipes, in order to add variety to the menu, is always welcomed by the food supervisor. It is hoped that the following recipes will be found useful by those readers of the *Canadian Hospital* who are interested in food service.

We extend our thanks to the dietitians who co-operated so willingly in allowing the use of these recipes.

French Dressing

(Yield: 5 cups)

2¼ cups Sugar
4 tsp. Salt
3 tsp. Paprika
2 cups Salad Oil
2 bunches Parsley, cut fine
1 bunch Green Onions, cut fine
1 cup Chili Sauce
2 cups Vinegar

1. Combine ingredients and place in a jar with screw top.
2. Store mixture in a cool place.
3. Shake well before serving.

This dressing is very tasty with lettuce wedges or tossed salad greens.

—*Hospital for Sick Children, Toronto.*

Mayonnaise Dressing

(Yield: 5 gals.)

1 gal. Eggs
½ lb. Dry Mustard
5 lbs. Granulated Sugar
8 oz. Salt
½ oz. Paprika
4 gals. Salad Oil
Juice of 36 Lemons
½ pint White Wine Vinegar

Beat eggs, and add dry ingredients. Add salad oil very slowly, until mixture thickens. Add lemon juice and vinegar, and mix thoroughly.

—*Sunnybrook Hospital.*

Peach Cake

(Yield: 1,000 servings)

17 lbs. Sugar (a)
10 lbs. High-ratio Shortening
7½ lbs. Milk (a)
3¾ lbs. Sugar (b)
18¾ lbs. Flour
11 oz. Salt
1 lb. 2¾ oz. Baking Powder
9 lb. 6 oz. Eggs
9 lb. Milk (b)
3½ lb. Crushed Peaches

1. Blend sugar(a) and shortening for 5 minutes, at low speed. Scrape bowl at least twice.
2. Dissolve sugar(b) in milk(a).
3. Add to first mixture. Mix for three-quarters of a minute.
4. Add sifted dry ingredients. Scrape bowl at least twice.
5. Combine eggs and milk(b). Add to above mixture in three parts; total mixing time, three minutes.
6. Add the crushed peaches last.
7. Pour into 16 greased pans, 2" x 12" x 18".
8. Bake in moderate oven for 40-50 minutes.

Variations: Any crushed fruit may be substituted for the peaches.

—*Hamilton General Hospital.*

Butterscotch Sauce

(Yield: 175 servings)

15 cups Brown Sugar
1 cup Malted Milk Powder
3¾ cups Hot Water
1 cup Butter
7½ tsp. Vanilla

1. Combine malted milk powder and brown sugar.
2. Add sufficient cold water to blend thoroughly the sugar and malted milk powder so that no lumps remain.
3. Add hot water and boil the mixture until a soft ball will form in cold water.
4. Remove from heat, beat in butter and vanilla.

This sauce is delicious when served with ice cream.

—*Toronto Western Hospital.*

Orange Cocoanut Cream Filling

(Yield: 12 pies)

7 lb. 8 oz. Liquid Skim Milk (a)
3 lb. 12 oz. Sugar
1¼ oz. Salt
10 oz. Whole Oranges, ground fine
2 lb. 8 oz. Liquid Skim Milk (b)
12 oz. Cornstarch
1 lb. 10 oz. Egg Yolks
10 oz. High Grade Shortening

1. Mix first three ingredients and bring to a boil.
2. Mix the cornstarch and skim milk(b). Stir in the egg yolks. Gradually stir into the boiling mixture, first adding some of the hot mixture to the egg. Cook until smooth.
3. Remove from the heat and fold in the shortening.
4. Fold in the oranges.
5. Pour the filling while hot into baked shells. Cool and top with meringue.
6. Sprinkle with orange-flavoured cocoanut, prepared by rubbing together the cocoanut and orange gratings until the cocoanut takes on an orange flavour and hue.
7. Place in oven and brown slightly.

—*St. Michael's Hospital, Toronto.*

Chelsea Buns

(Yield: 12 dozen)

12 oz. Yeast
56 oz. Milk
8 oz. Eggs
1 oz. Salt
24 oz. Warm Water
14 oz. Shortening
14 oz. Sugar
7 lbs. (approx.) Bread Flour

Butterscotch Mixture

24 oz. Butter
4½ lbs. Brown Sugar
1 cup Currants
24 oz. Shortening
4½ tsp. Corn Syrup
2 tsp. Cinnamon

1. Make up dough by usual method.
2. Make up the butterscotch mixture. Cream together the sugar, shortening and syrup. Take out half of the mixture and spread on pans. Add cinnamon and currants to the other half and use to spread on dough.

—*Toronto General Hospital.*

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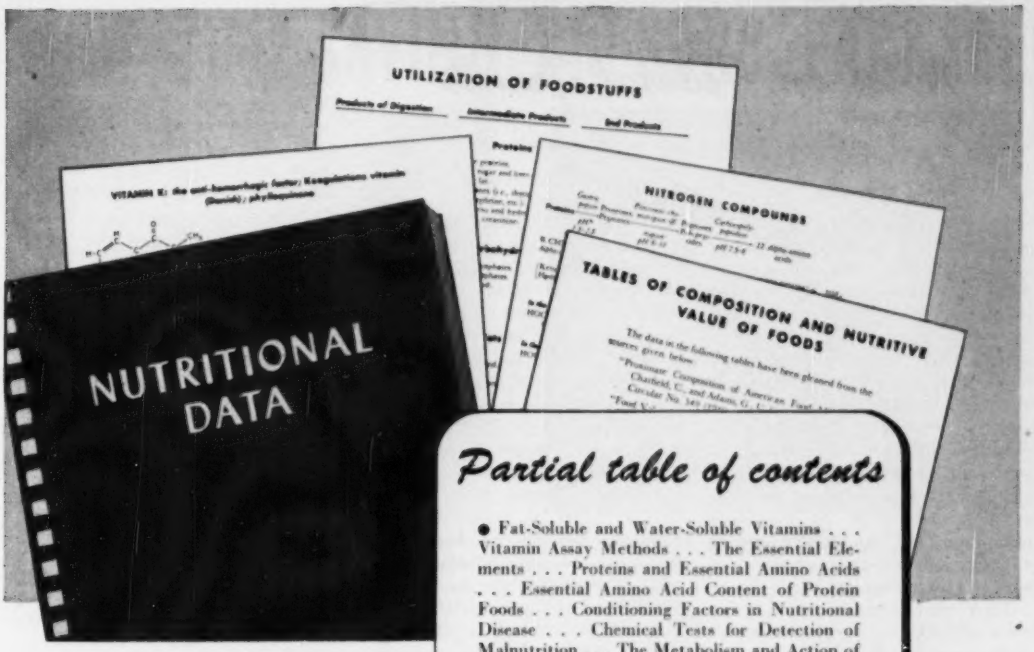

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Notes on Federal Grants

Cancer

St. Paul's Hospital, Vancouver, has received a $17,000 grant from provincial and federal governments to aid in the expansion of their radiology department as a treatment centre for cancer patients. The money will be used for new equipment of a type that will enable St. Paul's to supplement the work of the British Columbia Cancer Institute. A new constant-potential x-ray therapy unit, complete with transformers and the most modern type of localizing equipment, will double the centre's capacity for radium and x-ray cancer treatments.

Last year, Ottawa spent more than $33,400 for the maintenance and extension of free cancer control services in St. John's General Hospital, St. Anthony's Hospital, and the Notre Dame Bay Memorial Hospital, Newfoundland. Other grants totalling nearly $12,000 aided in the purchase of radiotherapy equipment and radium therapy instruments.

Construction

Ottawa has approved a grant of more than $63,000 toward building costs of the new 107-bed Western Memorial Hospital, Corner Brook, Newfoundland, which is to be completed this fall. The Children's Hospital, Halifax, has been awarded $117,500 to help meet costs of an addition to and alterations in the present building. The number of beds will be increased by 106—23 for chronic illnesses and 83 for active treatment. This will more than double the present capacity.

Notre Dame de l'Esperance Hospital, Ville St. Laurent, Que., will receive a grant of $42,500 toward the cost of adding 102 beds to its capacity.

Plummer Memorial Hospital, Sault Ste. Marie, Ont., has been allotted $19,000 to assist in the first stage of a construction program which provides for 19 additional beds now and a total of 60 new beds when completed.

Federal grants totalling more than $13,000 have been allocated to two hospitals in Manitoba—Bethel Hospital, Winkler, where additional space has been provided for operating rooms and 11 new beds, and the new hospital at Rossburn, which contains space for 10 beds, a four-bassinet nursery, and general medical, minor surgical, and obstetrical facilities.

Federal aid amounting to more than $155,800 has been allotted to meet the construction and alteration costs of four Alberta hospitals. The grants are as follows: $25,800 to the provincial mental hospital, Ponoka, for a 90-bed addition; $90,900 to the provincial training school, Red Deer, for three new dormitories housing 180 additional patients; $28,750 to the provincial mental institute, Oliver, for a women's dormitory accommodating 90 patients; and more than $10,300 to the Bentley Municipal Hospital, Bentley, adding 10 beds and a surgical and obstetrical suite.

The new Creston Valley Hospital, Creston, B.C., replacing an older hospital, is to have space for 40 beds and a 12-bassinet nursery and will receive a grant of $44,000 toward construction costs.

Crippled Children

More than $9,500 from federal grants has been earmarked for the rehabilitation of poliomyelitis patients in British Columbia. After discharge from hospital, the patient undertakes a period of rehabilitation and treatment either at the Vancouver General Hospital or in the training centre of the Western Society for Physical Rehabilitation.

The faculty of dentistry at the University of Toronto is undertaking a study of the problem of cleft lip and palate under the supervision of Dr. R. G. Ellis, dean of the faculty, and Dr. Robert E. Moyers, head of the department of orthodontics. The federal grant of more than $7,000 provides for bringing an expert orthodontist to Ontario to study the incidence of and present methods of treating this condition, to find out how many dentists are trained for this work, and to determine efficient means for spreading latest knowledge in this field to the dental profession.

Mental Health

A grant of more than $18,000 has been made available to Saskatchewan to improve treatment facilities in the provincial mental hospitals. Part of the money has been allocated as follows: $7,500 for occupational therapy materials for the Munroe Wing of the Regina General Hospital and for the Saskatchewan Hospital, Weyburn; and $5,800 for recreational therapy equipment for the hospitals in North Battleford and Weyburn and the Saskatchewan Training School, Weyburn. The remainder has been allotted to buy medical equipment for neurosurgery at the Saskatchewan Hospital, Weyburn, to purchase classroom materials for the academic instruction of older age groups, to buy teaching equipment for training psychiatric nurses and attendants at the Saskatchewan Training School, and to establish a technical reference library for student nurses at the Training School.

Last year, more than $52,100 in federal grants were allocated for salaries of additional staff members at the provincial mental hospital, Essondale, B.C. The positions, opened within the last year, were filled by four doctors, a pharmacist, three laboratory technicians, a dietitian, four occupational therapists, and 20 psychiatric nurses.

Professional Training

Bursaries have been awarded to one nurse in St. John's, Nfld., for study in nursing education and administration at the University of Toronto; to three persons in Prince Edward Island for training as laboratory technicians; and to two doctors from Nova Scotia, one to study psychiatry at Dalhousie University and Victoria General Hospital, Halifax, and the other to

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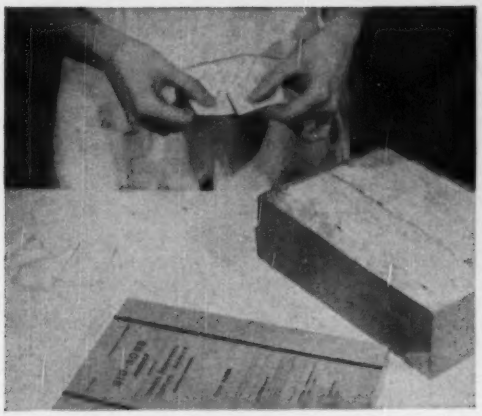

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take a year's training in internal medicine at the Victoria General.

Seven persons in New Brunswick have received assistance to take courses in: electroencephalography at the Montreal Neurological Institute; in medical library science at St. Michael's Hospital, Toronto; in psychiatry at Dalhousie University; in teaching nurses at Laval University, Que.; in orthopaedic tuberculosis surgery at the Toronto Hospital for Tuberculosis; in thoracic surgery at clinics in Boston and Philadelphia; and for a five-months training at the Manhattan Eye, Ear, Nose, and Throat Hospital, New York.

In Quebec, federal grants will aid one doctor to study for five months at the Cancer Institute, Paris, France, and a second to take a three-year course in radiology at the University of Montreal. Assistance will also be given to one nurse training in physiotherapy at Bellevue Medical Centre and New York University and to two technicians, one training as an x-ray technician, the other studying bacteriology at McGill University.

Grants have also been approved to train two student sanitary inspectors in Manitoba and to assist a doctor at the Winnipeg Psychopathic Hospital to study psychiatry at the Morton Clinic of the University of Louisville, Kentucky. One doctor from Regina General Hospital will spend five weeks studying practices and policies of outstanding child guidance clinics in the eastern United States; and a dietitian on the staff of the Saskatchewan hospitals will take a year's course in hospital dietetics at the Colorado State Hospital.

More than $1,400 has been set aside in Saskatchewan for six bursaries for a short course in hospital administration given at the University of Alberta and, in British Columbia, a grant has been authorized to finance an investigation into the possibility of establishing an in-service training course for hospital administrators at the Vancouver General Hospital. The proposed course would be apart from and in addition to the affiliation of the Vancouver General with universities offering post-graduate training in hospital administration.

Mother M. Ignatius
who has been honoured by St. Francis Xavier University . (See page 25.)

Scholarships for post-graduate training in physical education have been awarded to six candidates who will study at the universities of New York, Washington, Wisconsin, Columbia, and Utah.

Public Health

A federal grant of $8,300 has been earmarked to set up an industrial hygiene laboratory in New Brunswick. When fully equipped, the laboratory will carry out analytical tests, covering lighting, heating, and ventilation, to improve health conditions in factories and shops.

A dental service within the Welland and District Health Unit in Ontario is being established with the aid of a federal grant which provides for the purchase of supplies and materials and for the salaries of a dental officer and two assistants.

At a cost of $14,852, 79 incubators have been purchased for hospitals in Saskatchewan. With those already in use, an efficient incubator is now available to all hospitals with 50 beds or more and for all district hospitals.

Tuberculosis

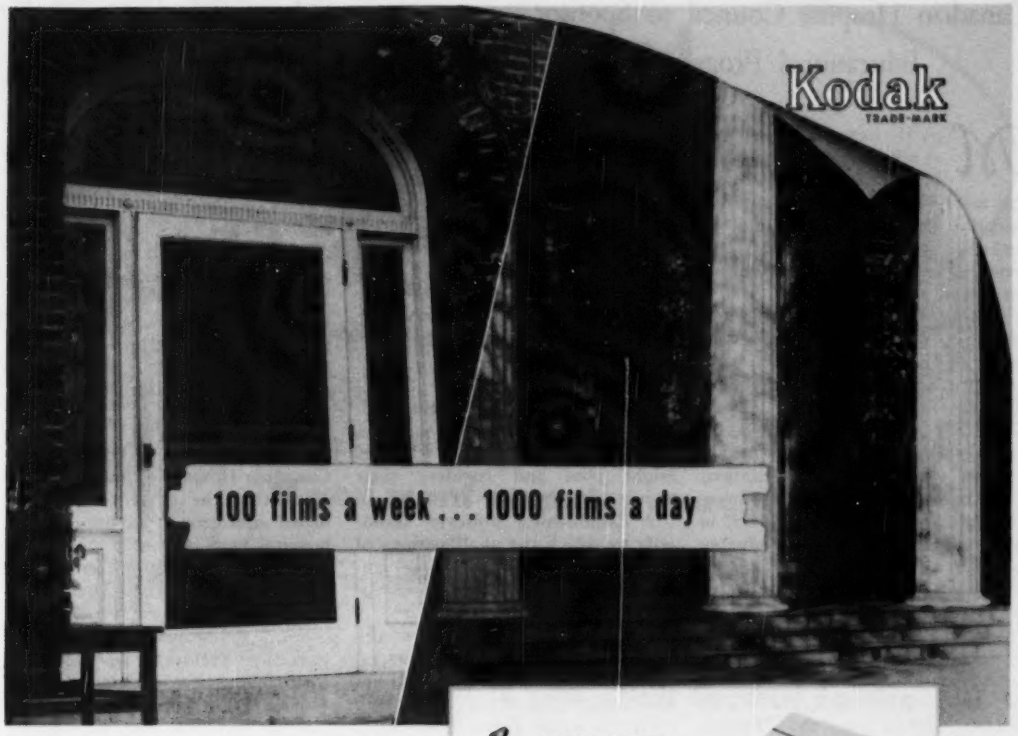
With the aid of a federal grant of $42,300 the Anti-Tuberculosis League of Montreal will purchase an additional portable x-ray unit and truck and provide the salaries of two nurse-technicians and other persons required to staff the unit. The League then hopes to extend its mass x-ray surveys to 21 adjacent counties. During the summer months three of the mobile units will operate in less accessible centres and during the other seasons surveys will be carried out in towns and villages closer to Montreal.

R.N.A.O. Corrects Wrong Impression

In a communication to the Editor, the Secretary of the Registered Nurses Association of Ontario, Florence H. Walker, Reg.N., points out that press reports last month to the effect that a "labour code" had been formulated by the association gave a misleading impression of the "Recommendations on Personnel Practice" adopted at a recent meeting. (See also *The Canadian Hospital*, June, pp. 27 and 102.)

The association wishes to emphasize that, as a professional body, its purpose is to encourage "wider adoption of reasonable personnel practices and salaries for nurses". To quote further: "In all its deliberations the association has stressed the fact that its proposals are recommendations, not demands, and that they should be considered by nurses and employers as desirable minimums at which to aim. We would expect that they would assist in keeping nurses out of the ranks of the trade unions mentioned in your magazine's editorial." In this connection, the provision for special compensation for over-time or "on-call" duty is not included in the recommendations as finally adopted by the association.

Other provincial associations have, prior to this, drawn up recommendations of the same general type for the guidance of their members. It is interesting to note, as we go to press, that the national body, the Canadian Nurses Association, which is now meeting in Vancouver, also has under consideration recommendations on personnel policies which would be nation-wide, with salaries scaled in accordance with the cost-of-living index in each province.



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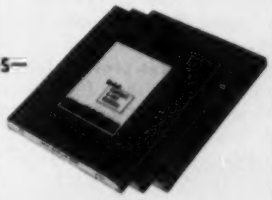

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Canadian Hospital Council to Sponsor Educational Program in Administration

MUCH has been said in every corner of Canada in recent years regarding the need for training programs in hospital administration and in technical branches of hospital work, a need which is recognized on every side.

During the past five years some progress has been made. The graduate course in hospital administration at the University of Toronto, under the direction of Dr. Harvey Agnew, is now well established. With the generous assistance of the Kellogg Foundation, it is performing a valuable function. Its registration, however, is limited to university graduates who can afford the time and money for two successive years of training, including academic terms and residency.

Another well-established course is the one given at the universities of Montreal and Laval. This course, given in the French language, is directed by a committee under the chairmanship of the Reverend Father H. L. Bertrand and offers 8 weeks of instruction in administration.

General institutes for administrators and trustees and specialized institutes are becoming more numerous, as are recognized centres of training for technical personnel.

What is Needed

1. Co-ordination of existing programs in administration into a pattern by which administrators might plan and regulate their training from year to year.

2. Establishing uniform standards by which the qualifications of those who have been trained under such a system may be recognized and evaluated.

3. Provision of formal training programs for persons now engaged in hospital work, whether or not university graduates, enabling them to equip themselves better for their present work and prepare for advancement to more responsible positions. This could be done, perhaps, through a combination of correspondence and summer school courses.

4. Encouragement of specialized institutes and short courses as an integral part of the over-all program. These programs would be available for those enrolled in the formal courses, as well as those who are not, and would help to raise the general level of competence among key personnel.

5. Urging the development in individual hospitals of a sufficient number of recognized technical training courses to supply the needs of hospitals across Canada.

What is Being Done

The Executive Committee of the Canadian Hospital Council has decided that the development of a broad educational program in the hospital field is one of the proper functions of the Council and is establishing such a program.

Sufficient support for the program, a major stumbling block in previous years, appears to be forthcoming through an outside source. It will ensure that a substantial enrolment can be handled under the proposed program.

A geographically-representative Education Committee is being appointed whose duty it will be to determine which sections of the program shall be initially introduced, and how it shall be developed to the proportions anticipated by the Executive Committee.

Further announcements can be expected within a short time concerning this program.

J. M. McIntyre of Winnipeg Receives Promotion

John M. McIntyre was recently appointed to the office of secretary and manager of the Winnipeg Municipal Hospitals and assumed his new duties on June 1. For the past eight years, he has served as assistant secretary-manager of these hospitals and was previously chief accountant of the Public Welfare Department of the city.

Born in Glasgow, Scotland, he came to Winnipeg thirty-seven years ago and there received his education. He was employed by the Dominion Government and by the Province of Manitoba Savings Office, prior to entering civic service in 1930.

Mr. McIntyre has taken an active part in the affairs of the Manitoba Hospital Association and is, at present, chairman of the Finance Committee of the Western Canada Institute for Hospital Administrators and Trustees.

John McIntyre.

In his new office he succeeds Donald M. Cox who has been appointed assistant commissioner of British Columbia's Hospital Insurance Service.

Unemployment Insurance Act Amendments Now Operative

A proclamation has been issued bringing into operation those sections of the legislation amending the Unemployment Insurance Act which affect rates of contribution by employers and employees and rates of benefit. These amendments became effective July 3rd.

Hospital employees now insurable are limited to those who are engaged in a casual or temporary capacity in construction, renovation or repair work. (See Page 37, *Canadian Hospital*, March, 1950.)

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Army Pays Tribute to St. Boniface Sisters

View of St. Boniface Hospital in May.

This spring, when serious flood waters submerged lower Manitoba, patients of St. Boniface Hospital, St. Boniface, were evacuated on the evening of May 7 and the hospital as such was closed until May 29. During this period, the institution became a command post for the Army and fighting the flood took priority over everything else. The nursing staff of the hospital, the Sisters of Charity, elected to stay on and help in the struggle to bring their disordered lives back to normal. Above is a view of the hospital and a section of the St. Boniface dyke.

Lt.-Col. B. H. Miller, officer in charge of army, navy, airforce, and civilian flood fighters, paid tribute to the fine spirit and tireless cooperation of the nuns under Sister B. Dorais, Superior of the hospital. Undaunted by gritty hospital floors, pin-dotted maps on the walls, the roar of military vehicles in the driveway, and sleeping soldiers on the wards, the Sisters were real heroes of the fight, and true soldiers. ●

Medical Records

(Continued from page 44)

in order by anatomical systems, with particular reference to the system or systems which appear to be giving rise to symptoms brought out in the medical history. Needless to say, this part of the record demands a degree of competence that is found only among those with full medical training.

The history and physical examination may suggest special examinations by the clinical laboratory, x-ray departments, or other special diagnostic facilities of the institution, which will form an essential part of the record.

At this point it will usually be possible to record a working diagnosis on which the treatment, either medical or surgical, will be based. This diagnosis must be set down in as much as it constitutes the main criterion of the line of treatment to be carried out and should serve to justify the subsequent management of the case. The results of treatment are illuminated by the daily progress notes which serve to highlight the response of the patient which, if unfavourable, will point the necessity of change in treatment.

If the case be surgical, an operative record should include diagnosis, description of the operative procedure, pathological findings noted by the surgeon, and a report of the hospital pathologist on tissues removed at the operation.

Finally the condition of the patient on discharge or (if the patient dies) the cause of death must be recorded. If an autopsy is performed, as the interests of scientific exactitude will require, the findings should form part of the record.

Responsibility

This in brief outline describes the medical record. It is the responsibility of the medical staff and is the only real criterion by which the quality of medical work in any hospital may be appraised objectively and dispassionately. I do not mean that a doctor cannot do good work in a hospital without recording it but submit that, in the absence of record, there is no means of reliable appraisal. I suppose it is possible theoretically for a business enterprise to make money without keeping books but the possibility is remote. Successful diagnosis and treatment of human illness is certainly enhanced by careful recording. Moreover, the availability of the written record may contribute substantially to the welfare of the patient in a subsequent illness and be of material assistance to the doctor in the case of others.

The remaining part of the record falls within the purview of the nursing service and consists in a detailed charting of the nurses' observations on the varied physical and mental reactions of the patient throughout his stay in the hospital. It is largely embodied in the graphic chart and nurses' notes. The former records temperature, pulse, respiration, fluid intake and output, bowel action, et cetera. Along with the nurses' notes, this record constitutes a well nigh indispensable aid to the physician in following the progress of the case, inasmuch as it is founded on an almost continuous observation of the patient. I will not comment further on this part of the record except to say that all too frequently it may be the best executed part of the whole. I have seen medical records produced as evidence in a court of law on which the only pertinent information concerning the condition of

(Concluded on page 74)

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Training Administrators

(Continued from page 29)

als with their varied backgrounds, along with those who have risen from the ranks by sheer merit and executive ability, will be required to provide us with the leadership which we need in these years of kaleidoscopic change.

In a recent report, Capt. J. E. Stone, of the King Edward's Hospital Fund, stated: "A uniform standard of university education in Britain leading to a degree in hospital administration would have a special significance and value to the new hospital service and it would serve as a tremendous aid to recruitment".*

Canadian Courses

And what about our courses here? As the director of the course at the University of Toronto, I feel that we have evolved a combination of academic and practical training of which we can be proud. It is a great pleasure to see week by week how our students' store of knowledge of so many subjects is increasing and, also, to observe how rapidly they grow in judgment, ability to analyze situations, and in maturity of viewpoint. We are gaining for the hospital field, too, an excellent calibre of recruit.

I question, however, that these courses are the *whole* answer. They will probably continue as the major feature, the top level, of our over-all training program, possibly with two instead of one year of residency. But they leave two gaps in what would be the ideal comprehensive program: (1) they are not likely to supply administrators for the small hospital (although there are some excellent exceptions to this general observation); (2) they do not meet the needs of the young man or woman without university education, now in the field, whose family or other financial obligations make it difficult for him to pull up stakes for more than a few weeks or months at a time.

What we must do is to supplement the present university courses—which I think are here to stay—with other courses to meet special needs. We are giving much thought to this at the University of Toronto. The University of British Columbia and the Vancouver General Hospital are endeavouring now to work out a course which would include practical work at the hospital and would be of especial interest to the high school graduate. The details of the course have not yet been announced but, knowing the thoroughness of Mr. Leon Hickernell, it should be a good one. Father Bertrand is working on a somewhat parallel idea in Montreal with instruction largely in the French language.

We should have more short courses. Most young people now in the field cannot get away for long courses. Good short ones are now being held jointly by the four western provinces, by Father Bertrand in Quebec and Montreal, and in the Maritimes there is an institute every second year. The United States has excellent ones every year and the American College of Hospital Administrators would like to help more in Canada. So far so good. But our institute or refresher programs have been too elementary and too diversified in content to really provide much serious education on any one subject. They stimulate rather than educate.

One would like to see our institutes follow a more co-ordinated pattern over the years, with a long-range planning of the program content. They might be tied in with the local universities, possibly through extension departments.* Now and then longer courses, perhaps of six to ten weeks, could be planned and credits given which might add up to further recognition. One likes very much the idea of the British Staff College already described. Dr. Leonard Bradley, the new Executive Secretary of the Canadian Hospital Council, has given much thought to the possible setting up of a correspondence course, an idea which is being given serious thought by the American College of Hospital Administrators but which involves some none too encouraging problems.

We should have periodic courses for the special benefit of the nurse administrator. Her additional training should be largely in the realm of business practice, in executive management, in personnel relations, and in community relations. The University of Alberta gave a six-weeks course

(Concluded on page 84)

**Capt. J. E. Stone, London. Report on American Tour, September 12 to November 22, 1947.*

**At the Kellogg Foundation Conference, in May, of the universities providing courses in hospital administration, sympathetic consideration was given to the possible use of these organized faculties for the provision of intensive short courses for individuals now in the hospital field.*

Myrtle Lambert Appointed To Cornwall General Hospital

Last month, Miss Myrtle Lambert joined, as business manager, the staff of the 150-bed Cornwall General Hospital, Cornwall, Ont. For a number of years, she has served in various capacities at the McKellar General Hospital, Fort William, and on her resignation held the posts of secretary-treasurer and purchasing agent.

Miss Lambert is a member of the American Hospital Association and a senior member of the American Association of Hospital Accountants. In addition to her hospital duties, she found time to devote to the activities of the Fort William Division of the Soroptomist Club of Canada, of which she is a charter member. ●

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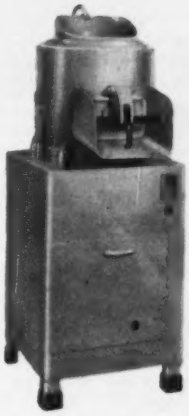
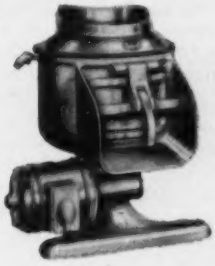
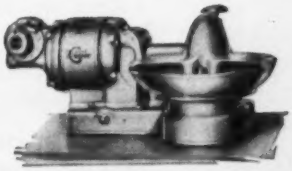


If you are peeling potatoes by hand, just check into your peel losses for a single day. That will be enough to convince you of the high waste ratio and labour cost — that something should be done to save those potatoes and your overhead.



Hobart Potato Peelers are equally effective with Sweet Potatoes, Turnips, Carrots, Parsnips. Models available from 15 pounds to 33 pounds capacity.

Miracle Worker in the Kitchen!



HOBART FOOD CUTTER

Here's salad preparation without hard labour! Vegetables, fruits, meats, nuts and various ingredients for salads can be cut AND MIXED like magic—quickly, uniformly and with absolute safety. Converts unused portions, usually wasted, into delicious and nourishing dishes.

HOBART
FOOD MACHINES

ASK HIM!

Your nearest Hobart representative is well qualified to advise in the selection and installation of Hobart Food Machines.

THE HOBART MANUFACTURING CO. LTD.: 175 George Street, Toronto
Branches throughout Eastern Canada — West: Ryan Bros. Limited

A Super-Successful Campaign

St. Thomas-Elgin Funds Exceed Objective

(The following is based on information sent to us by R. Ray Copeland, then Superintendent of the Memorial Hospital, St. Thomas, Ontario.)

LAST February, the Memorial Hospital of St. Thomas, Ont., sponsored a public subscription campaign in St. Thomas and throughout Elgin County to raise funds for a new hospital. Objective of this campaign was $287,000; the actual sum realized in cash and pledges was $455,000.

An over-the-objective success of this nature might be described as a very generous response to a spirited and well-organized appeal. Here is the way in which the hospital proceeded with its campaign.

The first step was an educational program that was brought to the citizens of the community through the local newspaper and radio station. Two groups of people were responsible for carrying out this program—a fact-finding committee and a speakers committee. The fact-finding committee secured all the information necessary to explain why a new hospital was needed and also determined the cost of the new building. Costs were broken down into the amount the individual taxpayer would contribute; this was done by quoting the number of mills in the county and the number in the city. All the information was set up in brochure form and given to each member of the speakers committee. The latter consisted of fifteen men and women who were vitally interested in community projects. They studied the facts and prepared talks that were given throughout the county and in the city.

After this educational program was under way, a plebiscite was presented to the people of Elgin County and the city of St. Thomas to authorize expenditures for the new hospital—the city to contribute 60 per cent of the total cost and the county 40 per cent. The plebiscite was carried by a large majority. Immediately following this, plans were made to launch the campaign for funds. A general chairman was appointed who was a prominent St. Thomas business man willing to take on this project without fee. The general chairman organized a set-up for all committees which included breakdowns as follows: a co-chairman to work with him, and two county chairmen, one for the east and one for the west. Each of these chairmen was directly responsible to the general chairman in St. Thomas for the complete organization of his section of the county. Two men were appointed to act as liaison officers between the general chairman and the two outside chairmen. These liaison officers received a salary for four weeks. They were insurance agents who relinquished their normal duties for this period. It was their duty to assist the outside chairmen to organize their districts by appointing canvassers, with a captain in charge of a group.

A general headquarters office was set up in St. Thomas and was staffed by two paid employees and approximately ten volunteer helpers. Offices, with one paid employee and additional volunteer helpers, were established in the east and west ends of the county.

Objectives were set as to the amount of money that was expected from each of the divisions and from each of the townships in the divisions. The note of competition was also introduced. The first township and the first division to meet its objective was to be honoured with a plaque in the new hospital. Certain amounts were stipulated for organizations and individuals, which would earn dedication of certain rooms, for instance, a donation of $1,000 for a private room; $1,500, a semi-private room; $2,000, a ward; $25,000, an operating room suite; $20,000, an x-ray suite, et cetera. It was found that raising the amount that it would take to furnish a room to the even $1,000, rather than

(Concluded on page 80)

Accepts Post at New Port Colborne Hospital

Commencing this month, R. Ray Copeland assumes his new duties at the Port Colborne General Hospital, Port Colborne, Ontario. Prior to this appointment, he occupied the position of superintendent of Memorial Hospital, St. Thomas, Ont., for nearly five years.

Upon graduating from high school, Mr. Copeland served in a Canadian banking institution for 11 years, studied accounting at Queen's University and McMaster University, and then joined the staff of the Hamilton General Hospital as chief accountant. During the war, he served in the Royal Canadian Air Force and later accepted the post at St. Thomas.

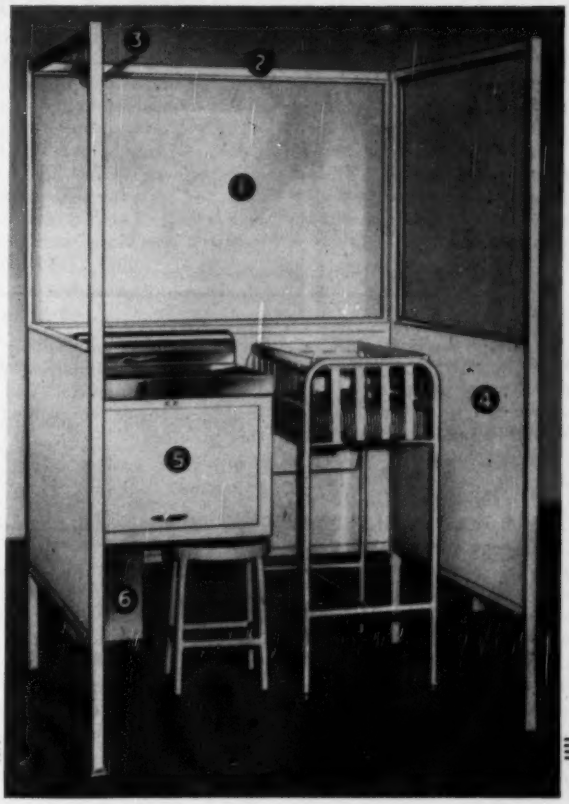
Mr. Copeland is taking over a new hospital which, when completed this fall, will have accommodation for some 69 patients.

For his protection . . .

The age-old human instinct to protect our young finds expression in many a modern hospital. Here precautions against accidents are a "must" involving careful consideration of all danger factors in the selection of equipment.

SAFETY IS BUILT INTO METAL CRAFT NURSERY CUBICLES

1. All panels ¼" plate glass—far stronger than the best "double diamond" glass!
2. Complete metal frame holds glass more securely to prevent breakage.
3. Gown hook attached to frame eliminating another cause of glass breakage.
4. Double panels (sound deadened) welded into one solid unit.
5. Easy lift-up, fold-away door also of sound-deadened construction.
6. Stainless steel diaper holder.

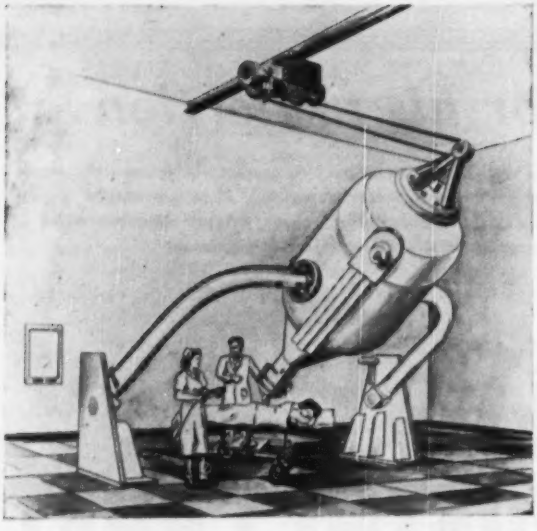


. . . a Metal Craft development!

This government approved Nursery Cubicle has been designed by Metal Craft for top efficiency in ALL phases of service: Safety, convenience, and protection. By providing completely isolated facilities they prevent cross-infections in the nursery. Write for complete information, specifications, etc.

THE METAL CRAFT CO. LIMITED
Grimsby, Ontario

Metal Craft Quality means Economy!



Super-Voltage in Radiation Therapy

The development of ever more powerful x-ray machines is not the final answer to the problem of destroying cancer, although it may improve treatment in certain cases and advance our knowledge of the behaviour of the malignant cell. The new two-million volt unit is the most powerful of its kind and emits rays of short wave-length and high velocity which are capable of deeper penetration.

Equipment of this type which is illustrated above, is to be installed in the Francis Delafield Cancer Hospital, New York City, at an estimated cost of $150,000.

The unit, being built by General Electric X-ray Corporation, requires a transformer with 284 miles of wire in the high voltage coils and an x-ray tube nearly 108 inches long. The 2,000,000 volt circuit will be enclosed in a grounded metal tank, eliminating the hazard of electric shock. In comparison with the 62 by 35 by 36 foot building required to house a 800,000 x-ray unit a few years ago, only a special room in the hospital is needed to accommodate the new compact, self-contained equipment. Walls of concrete, ranging from 18 to 24 inches in depth, and special windows with two feet of water sandwiched between lead glass provide maximum protection from radiation.

According to the comments of Dr. Ethlyn Trapp, Chairman of the Advisory Committee on Radiation Therapy, National Cancer Institute of Canada, improved results may be hoped for in the treatment of a small group of deeply seated cancers, chiefly in the oesophagus, bladder, or lung, which can be subjected to a greater intensity of radiation with minimum damage to intervening normal tissues. The treatment of abdominal tumours, on the other hand, will not likely be advanced by super-voltage machines as the intestines do not tolerate any higher dosage.

Although a valuable contribution to radiation therapy, these machines are restricted to a limited field of usefulness. On this account, the advisability of investing large sums of money in this type of equipment, in more than one or two centres in Canada, seems very questionable.

New Health Section Studies Hazards of Radioactive Materials

The industrial health division of the Department of National Health and Welfare has formed a new section to develop a radiological health program, appointing Dr. G. H. Guest, formerly head of the health radiation branch at the atomic energy centre at Chalk River, Ont., to take charge of the project.

The need for such a program arises from the increased use, and attending health hazards, of radioactive materials and radiation-producing apparatus in universities, hospitals, and industrial centres throughout Canada. The new section will deal with health problems referred to the federal health department, act as a source of information on radiological health, and assist provincial and local health agencies confronted with this problem.

FM Radio Network Covers Saint John Ambulance Service

A central communication system for three municipal services in Saint John, N.B., is now being established with the creation of an FM radio network covering police and fire departments and the ambulance service of the Saint John General Hospital. Existing AM equipment on the ambulance unit is being replaced by FM and increased service is to be provided. Headquarters of the communication system for all three services will be in the city police station.

New Hygiene Laboratory For Western Canada

In order to co-ordinate public health research with university facilities, new laboratories for the western branch of the Laboratory of Hygiene of the Department of National Health and Welfare are to be erected on the campus of the University of Alberta. A lease has been signed with the university for a four-and-a-half acre site and $61,000 have been appropriated toward the construction of the laboratory.

DO YOU EVER GET "fed up" with food?

• If you're the manager of an institution, or the chief dietitian in one, we'll bet you've been "fed up" quite often. The endless task of planning meals for those in your care is difficult enough at any time, but in these days of shortages and rising prices . . . we know how you feel!

That's why we suggest that you turn to the possibilities in fish. There are more than 60 varieties of Canadian sea fish, shell fish and fresh water fish, and they can, in many cases, be obtained in fresh, frozen, smoked, dried, pickled or canned form.

From this amazing choice, many new and totally different tempting dishes can be prepared, yet you can keep within that operating budget. Fish combines well with vegetables, salads, and other foods to make economical dishes that have a tang and flavour that's like a new discovery.

Consider fish for many of those meals you have to plan. Serve more fish for its fine flavour and its lower cost.

DEPARTMENT OF FISHERIES

OTTAWA, CANADA

Hon. Robert W. Mayhew, M.P., *Minister*

5-7-50

Effective against certain
organisms in the
viral, rickettsial, protozoan
and bacterial groups

Terra

Terramycin is frequently tolerated even when other antibiotics are not

Dosage: 2 to 3 Gm. daily by mouth in divided doses q. 4 or 6 h. is suggested for most acute Terramycin-sensitive infections.

Supplied: 250 mg. capsules, bottles of 16 and 100; 100 mg. and 50 mg. capsules, bottles of 25

Pfizer

Even when other antibiotics fail
Terramycin may control infection

mycin

SUGGESTED FOR:

acute pneumococcal infections, including lobar pneumonia, bacteremia; acute streptococcal infections, including erysipelas, septic sore throat, tonsillitis; acute staphylococcal infections; bacillary infections, including anthrax; urinary tract infections due to E. coli, A. aerogenes, Staphylococcus albus or aureus and other Terramycin-sensitive organisms; brucellosis (abortus, melitensis, suis); hemophilus infections, including whooping cough (exclusive of meningitis); acute gonococcal infections; syphilis; lymphogranuloma venereum; granuloma inguinale; primary atypical pneumonia; typhus (scrub, epidemic, murine); rickettsialpox; amebiasis (Endamoeba histolytica).

CHAS. PFIZER & CO., INC., *81 Maiden Lane, New York 7, N.Y.*

Health Care Plans

Ontario Blue Cross Offers Limited Out-patient Service

While the contract of the Ontario Blue Cross Plan does not cover out-patient services and the use of the operating room for minor surgical procedures which could ordinarily be performed in a doctor's office, special provision has been made to include certain limited types of emergency services.

1. Emergency treatment immediately following an accident (e.g., treatment of lacerations).

2. X-ray examination following accident up to $25 within 24 hours from time of accident (e.g., treatment of possible fracture).

3. Use of operating room for surgical procedures requiring a general anaesthetic (removal of tonsils).

* * * *

Nearly $100,000,000 Paid to Hospitals During First Quarter

Nearly $100,000,000, representing more than 88 per cent of income, was paid to hospitals by the Blue Cross plans of United States and Canada for care of members during the first quarter of 1950. From a total income of $109,801,301, the plans paid $96,989,972 for hospitalization and used only $9,184,564 (8.37 per cent) for operating expenses.

There are more than 38,000,000 persons enrolled in United States and Canada, representing more than 24 per cent of the population of United States and 21 per cent of the Canadian population.

* * * *

Every Eight Seconds

Each day during 1949, 11,090 Blue Cross members in the United States and Canada were hospitalized — one Blue Cross member every eight seconds. Blue Cross plans paid for 4,047,677 cases involving bed care during 1949. The greatest number were hospitalized in June, when 377,801 admissions were reported, or a daily average of 12,593.

Subscribers were furnished with 464,652 visits to hospital emergency rooms, making an average of 1,204 such visits each day.

Of every 1,000 Blue Cross members, 118 were hospitalized in 1949 compared to 117 out of every 1,000 in 1948; hospital admission rates ranged from a high of 134 per 1,000 members in June to a low of 105 in December.

* * * *

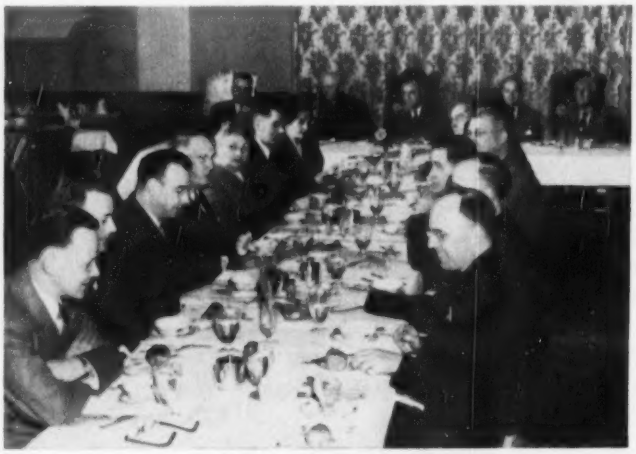
A.M.C.P. Changes Name to Blue Shield Association

The annual meeting of the Associated Medical Care Plans Inc., held in Montreal early in March, was the last under the old name. From now on it will be known as "The Blue Shield Association", becoming official as soon as amended articles of incorporation can be filed. The adoption of Blue Shield as the official title has one virtue in that it identifies those medical care plans which are associated with Blue Cross in offering joint coverage.

* * * *

Campaign at Arvida, Que. Reaps Bumper Crop

The Quebec Blue Cross Plan recorded one of the most successful enrolment campaigns ever conducted when 4,575 out of 4,600 aluminum workers, or 99.5 per cent of all hourly-paid personnel, enrolled for hospital and surgical benefits during a recent two-weeks campaign at the Arvida, Que., plant of the Aluminum Co. of Canada, Ltd.



Maritime Blue Cross — Blue Shield Meets in Amherst

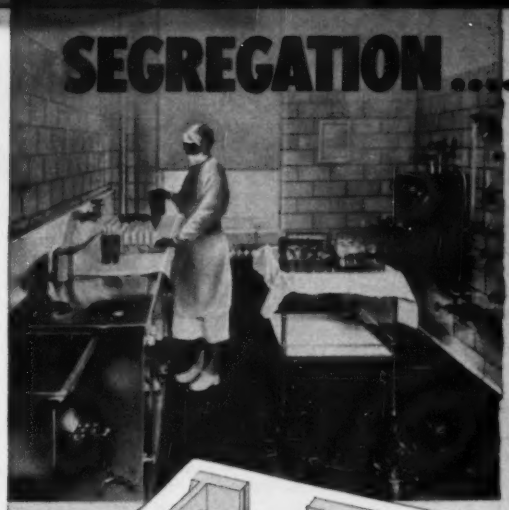
At the annual meeting of the Board of Directors of the Maritime Blue Cross—Blue Shield Association, held in Amherst, N.S., in May, announcement was made of the fact that the Maritime medical care plan, associated with ...? Blue Cross, is now a fully approved Blue Shield plan. Dr. J. A. McMillan, Charlottetown, was re-elected chairman of the Board and appears in the accompanying picture, with other delegates to the meeting.

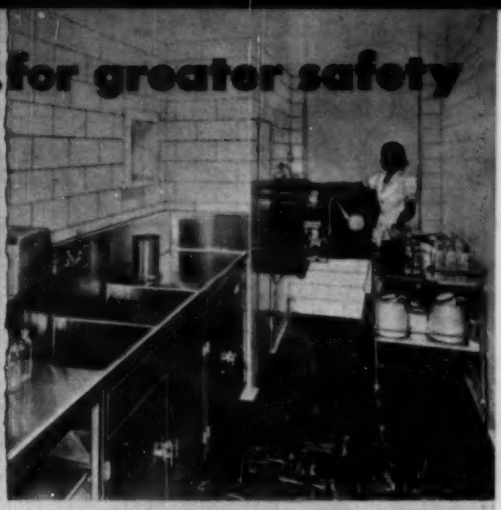
Head Table: Prof. R. P. Donkin, Halifax; Rt. Rev. R. C. McGillivray, Sydney; Dr. J. A. McMillan, Charlottetown; Dr. J. A. McDougall, Antigonish, N.S.; Ambrose Wheeler, Moncton.

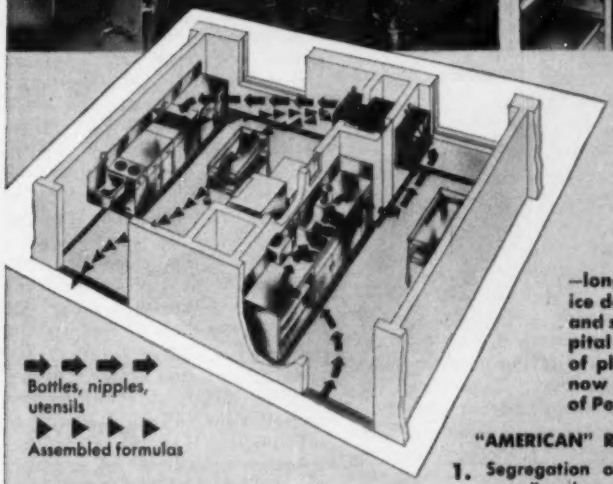
Down Left: Miss Patton; Mrs. N. S. Sanford, Amherst; Dr. H. D. Roberts, St. John's, Nfld.; Ruth C. Wilson, Moncton; Dr. J. A. Clark, Charlottetown; D. O. Downing, Moncton; Dr. Robert F. Ingram, Bathurst, N.B.; Stuart Gillis, Moncton.

Down Right: J. F. H. Teed, Saint John; D. P. Chisholm, Antigonish; Dr. H. E. Britton, Moncton; Walter Dick, Moncton; Rev. Frank J. MacDonald, Saint John; Rev. W. J. Gallivan, Halifax.

SEGREGATION ... for greater safety







➡ ➡ ➡ ➡ Bottles, nipples, utensils

▶ ▶ ▶ ▶ Assembled formulas

The "American" MILK FORMULA LABORATORY

—long pioneered as a more efficient service designed to minimize the introduction and spread of infectious organisms in hospital nurseries, embraces major principles of planning, organization and technique now endorsed by the American Academy of Pediatrics.

"AMERICAN" RESEARCH HAS PIONEERED—

1. **Segregation of "clean-up" area from "preparation room" and served by connecting double-door sterilizer . . . a basic factor in helping to avoid formula contamination.**
2. **Non-pressure method of terminal heating . . . the superior technique for preparation of bacteriologically safe formulas that are uniform in quality.**
3. **Lage Safe Caps . . . which permit the necessary contact of live steam with the area to be sterilized and serve to maintain sterility up to the time Cap is removed at cribside.**
4. **Bottle Warmer . . . for rapid heating and automatically maintaining formula bottles at correct feeding temperature of 100°F.**
5. **The new "AS" line of Refrigerators . . . especially designed to provide fast cooling of super-heated milk formula bottles with dependable performance.**

Nursery equipment includes Formula Refrigerator and Bottle Warmer

WRITE TODAY for complete information

AMERICAN STERILIZER COMPANY

Erie, Pennsylvania

DESIGNERS AND MANUFACTURERS OF SURGICAL STERILIZERS, TABLES AND LIGHTS

INGRAM & BELL LIMITED

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With the Auxiliaries

Maritimers "Enjoy Their Tea"

A successful tea and sale was held by the Women's Auxiliary of the Hamilton Memorial Hospital, North Sydney, and a "Nightingale Tea" was held by the Auxiliary of Harbour View Hospital, Sydney Mines, the proceeds to be used for replenishing the linen supplies. The Maytime Tea held by the Auxiliary of St. Joseph's Hospital in Saint John netted $1,025. Tag days were another means of swelling treasuries; two of the auxiliary groups of the Moncton Hospital, Moncton, realized over $200 each in this way.

* * * *

Aid to Provide Follow-up Care

The decision of the Women's Auxiliary at the Saint John General Hospital, N.B., to provide partial follow-up care for patients leaving the hospital is interesting in view of the recent announcement of the pilot project in this field being carried out by the Herbert Reddy Memorial Hospital in Montreal. They will be responsible for medicines and special diets and will work with the affiliated church groups, who are already active in follow-up care.

* * * *

Cup and Saucer Shower for the Nurses

The nurses of the Blanchard Fraser Memorial Hospital in Kentville, N.S., were the beneficiaries of a cup and saucer shower held by the Senior Women's Auxiliary. An electric sandwich toaster and a lace tablecloth were also donated, and the "Busy Bees"—the auxiliary's sewing group—added a lovely small silver tray.

The Senior Auxiliary also deserve credit for the very fine window they arranged in one of the stores in connection with National Hospital Day. A lifelike Florence Nightingale, lamp and all, looked up from one corner of the window to a modern "Florence" standing in the midst of the gleaming, streamlined furnishings and equipment of to-day. The window also contained pictures of hospital and auxiliary officers and the motto "Be Ambassadors of Good Will for Your Hospital" was prominently displayed.

The Junior Auxiliary have set themselves the objective of raising $1,000 annually towards payment of the hospital's modern x-ray equipment.

* * * *

Applied Psychology

The Auxiliary of the Alexandra Hospital in Ingersoll, Ontario, used psychology very successfully when raising money for furnishing the rooms in their new hospital. Letters were sent to all organizations suggesting that they furnish rooms, and giving information regarding costs. Talks were arranged on the radio, articles in the newspaper, and members were sent out as speakers. When the laying of the corner stone was about to take place, someone had an idea—that a scroll should be placed in the corner stone with the names of all who had pledged the furnishing of rooms. Every organization in the county wanted its name on that scroll and by the time it was completed, over $20,000 had been raised. A total of $32,000 has now been given to the hospital by the auxiliary.

* * * *

Ice Carnival Raises Nearly $2,000

Kinistino (Sask.) District Hospital Aid raised $1,974 by means of its annual Ice Carnival, at which the winner of the contest for the Queen, attended by her Princesses, rules for a day. Since November, the auxiliary has purchased an oil heater, table, lamp, rug and other furnishings for the nurses' home; Christmas boxes for the patients; and venetian blinds, resuscitator, linens, et cetera, for the 12-bed hospital.

Decorating Nurses' Residences Helps to Solve Nursing Shortage

Aware as we all are of the difficulty of securing nurses, especially in small hospitals, it is interesting to see what hospital auxiliaries are doing to help solve this problem. The suggestion has come from various sources that making the nurses' residences more attractive would be of assistance and it is gratifying to see how many auxiliaries right now are furnishing, repairing, or redecorating their nurses' homes, new and old.

In order to furnish the new nurses' residence at Davidson Union Hospital, Saskatchewan, a committee was formed consisting of one member from each of the hospital's three aids (Star, Davidson, and Ye Olde) as well as from the various community clubs in the district. Thus, by uniting their efforts in joint projects planned by the committee, the residence is now attractively and comfortably furnished. The Aid of St. Elizabeth's Hospital at Humboldt, Sask., raised $1,000 through an Easter Dance, tag day, tea, and raffles, to furnish its new nurses' home. The Aid of Kerrobert Union Hospital, Sask., remodelled a room in the residence for the matron. The Auxiliary of Princeton General Hospital, B.C., held their Hospital Day celebration at the nurses' home and all proceeds are used to make the nurses more comfortable. Shaunavon Union Hospitals Aid, Shaunavon, Sask., has concentrated on redecorating the porch of the residence and the Aid of St. Joseph's Hospital at Macklin, Sask., helped out by paying half of the nurses' telephone bill.

* * * *

Bursaries Help, Too

Other approaches have been taken by auxiliaries to the nursing shortage problem. The Manitoba Women's Hospital Aids Association has sponsored a successful essay contest, open to Manitoba girls in Grades X and XI, as part of their nurse recruiting program. The winner of the first prize, a twenty year old Cree girl, received

(Concluded on page 82)

THE IMPROVED

FLEXOPLAST

ELASTIC ADHESIVE BANDAGE
with the NON FRAY EDGE

Each strip of Bandage Fabric is woven separately with individual control of thread tensions.

The improved Non Fray Edge provides the Advantage of a Bandage which will lie flat on the Limb.

By reason of the Greater Softness of Doubled Thread, the Flexoplast Fabric is more impermeable to the Adhesive spread, is cleaner on the back and softer and more flexible in use.

THE Stevens COMPANIES

TORONTO WINNIPEG CALGARY VANCOUVER

Provincial Notes

Newfoundland

CORNER BROOK. The new Western Memorial Hospital, which is being constructed here, will be completed this fall. It will provide space for 107 beds, a nursery, operating and x-ray rooms, a laboratory and other modern facilities. The hospital will serve about 65,000 people in western Newfoundland from White Bay to Burgeo.

Nova Scotia

AMHERST. Highland View Hospital, Amherst, has received a substantial legacy. The bequest of $4,210, from the estate of the late Bent Dobson of Fort Lawrence, N.S., is to be put into a special fund.

* * * *

MUSQUODOBOIT. Twin Oaks War Memorial Hospital—a new nine-bed Red Cross Outpost Hospital—was opened here recently. It contains nine beds, a major and minor operating room, and a nursery equipped with six individual cubicles and an incubator. The new hospital will serve an area that stretches from Three Fathoms Harbour to Ship Harbour, and to Lower Meagher's Grant. The matron is Edith Batten, Reg.N.

New Brunswick

SAINT JOHN. Extensions to existing facilities at Saint John Tuberculosis Hospital call for the construction of a new nurses' home and a medical and surgical centre which will also contain accommodation for 33 additional patients. The new nurses' home will accommodate 56 nurses and include quarters for the superintendent of nurses and for a resident doctor.

Quebec

ORMSTOWN. The new Barrie Memorial Hospital is nearing completion. It will have space for 60 beds and 14 bassinets. The cost of the completed structure, fully furnished and equipped, is estimated at $500,000.

* * * *

MONTREAL. Construction of the new 522-bed St. Joseph Hospital-Sanatorium in north-eastern Montreal has been completed. The seven-storey building was erected at a cost of $5,300,000 and is operated by the Sisters of the Misericorde. The new institution is for the treatment of pulmonary tuberculosis and cardio-pulmonary diseases. It has 6 operating rooms, 4 radiology and 6 radioscopy sections. Its laboratory for cardio-respiratory physiology is used to complete the patient's examination by supplementing clinical, laboratory, and x-ray examinations.

* * * *

MONTREAL. The Joint Hospital Fund which is being raised to build additions to the Montreal General, The Children's Memorial, and Royal Edward Laurentian hospitals has received donations from the city of Montreal and from the province of Quebec. The city has granted $2,000,000 and the province $4,000,000. The federal government will contribute through the health grants program.

Ontario

LONDON. Victoria Hospital is planning a $1,500,000 addition which will provide 200 more beds, a cancer clinic, accounting space, kitchen, physiotherapy department, pathological laboratories, a blood bank, medical records room and enlarged admitting and emergency facilities.

* * * *

OWEN SOUND. The building committee of the Owen Sound General and Marine Hospital has been authorized to procure rough sketches of a new wing to be built at the north end of the present structure. Craig and Madill, Toronto Architects, have submitted a preliminary draft of the proposed wing — a four-storey structure which will provide space for 150 additional beds.

* * * *

SUDBURY. Construction has commenced on the new nurses' residence and school for St. Joseph's Hospital. It is one unit of a building extension project valued at nearly $1,000,000. The new nurses' home will be a reinforced concrete structure of six storeys and will be fire-resistant throughout.

Manitoba

FISHER BRANCH. A new Red Cross Outpost Hospital was opened here in June to serve 3,000 people in a 500-square-mile area. It is a quonset type of building which cost approximately $75,000. The hospital includes living quarters for the nursing staff; Dr. G. W. D. Steenson is physician-in-charge.

* * * *

ROSSBURN. A new hospital is being constructed here which will provide space for 10 beds, a 4-bassinet nursery, and facilities for general medical, minor surgical, and obstetrical care. The hospital will serve about 3,500 people.

* * * *

SWAN RIVER. The new Swan River district hospital was opened recently. It contains 30 beds, an 11-cubicle nursery, operating rooms, x-ray and laboratory facilities, and offices for the local health unit. Community contributions to the new hospital were invaluable; the Ladies' Hospital Aid gave nearly $11,000 for furnishings.

(Concluded on page 78)

Linen Service Keeps Pace with Expansion . . .

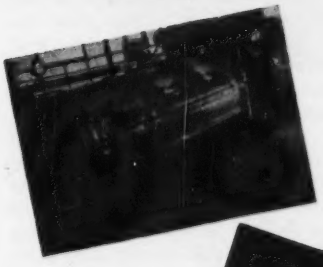
at the Illinois Masonic Hospital, Chicago, Ill.

HOFFMAN Laundry Equipment

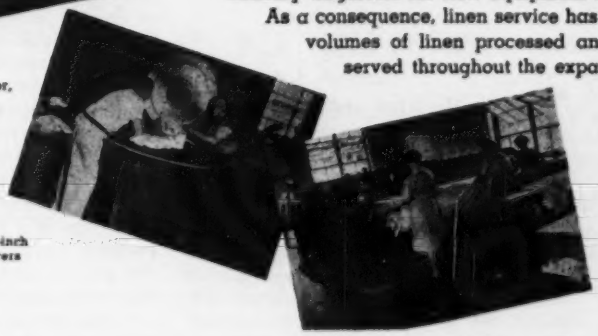
Another case where

delivers better production with modern economy

An expansion program covering several years could, one day, bring a breakdown in linen service. The 240-bed Illinois Masonic Hospital avoided this eventuality by planning an enlarged laundry plant at the outset—and following the recommendations of Hoffman Laundry Engineers for new equipment in advance of their need. As a consequence, linen service has been maintained, greater volumes of linen processed and normal work-week observed throughout the expansion to date.



New 42 x 84 "Silver Crest" washer, for larger loads



49" open-top Extractor keeps pace with expanded volume

(Far right) 6-roll, 120-inch Hoffman Ironer delivers flatwork on time

Write for your FREE Survey

Analyzes your laundry operating costs; surveys your linen requirements and suggests control schedules; furnishes new layout plans; recommends equipment to help you save floor space, time, labor, fuel, supplies and linen. Write for it.

INSTITUTIONAL . . . DIVISION

Hoffman

CANADIAN HOFFMAN MACHINERY CO., LTD., 126 DUNDAS ST. W., TORONTO 1, ONT.

Personnel Non-Professionnel

(suite de page 35)

cependant les ordres doivent être exécutés à la lettre. Cela arrivera si l'employé a une haute idée de la justice, s'il est un homme de devoir. Il est important, en effet, que nous n'ayons pas affaire à des gens malhonnêtes, car celui qui ne donne pas le temps requis à son travail est aussi voleur que celui qui dérobe les objets et il est non moins funeste à la maison.

Le bon employé sera soumis, exécutant sans rechigner la tâche qu'on lui assigne et de la manière demandée. La soumission exige qu'un employé puisse accepter une remarque sans maugréer, surtout quand elle lui vient directement d'une religieuse, car outre la supériorité il devra respecter en elle le caractère de sa vocation.

Si ces qualités suffisent pour un seul employé, ce n'est pas la même chose lorsqu'on a affaire à quelques trois cents subalternes qui ont à travailler en commun. Cela suppose alors une application parfaite de la justice à l'égard des compagnons. Quelques-uns ne dédaignent pas de remettre à d'autres le soin de faire leur propre travail en choisissant toujours les meilleures tâches sans se soucier du prochain. La justice sociale est lésée et la maison souffre de ces égoïsmes lâches. Il faut de la bonne entente entre les ouvriers; que chacun soit un ami ou un frère pour son compagnon et l'équipe de travailleurs fournira un rendement supérieur avec un minimum de souffrances.

Toutes ces vertus seront assurées par l'exercice de la charité qui enveloppe et dore d'un reflet merveilleux la plus petite action. Celui qui a la charité dans son coeur est en mesure de se soumettre parfaitement à son supérieur, car il voit en lui le représentant de Dieu. Il aimera ses compagnons en s'efforçant d'alléger leur tâche et surtout il comprendra qu'il faille quelquefois s'imposer des sacrifices pour le service et le confort du patient.

Techniques

Ces qualités morales seront toujours exigées de l'employé non-professionnel. Quant aux qualités techniques, on les requerra pour certains et pour d'autres on se contentera d'aptitudes ou simplement de bonne volonté.

Il est bien sûr que l'hôpital qui a besoin d'un ingénieur en chauffage ne peut se contenter d'un apprenti ou d'un homme de bonne volonté. C'est la même chose s'il s'agit d'un peintre, d'un menuisier, ou d'un électricien. La maison n'est pas en mesure de risquer en retenant les services de gens non compétents. Alors avant de confier à quelqu'un une tâche délicate et souvent essentielle, on saura s'il est en mesure de la bien remplir. Mais pour un grand nombre on sera satisfait d'aptitudes. Beaucoup de services nous permettent de préparer des hommes au travail qu'ils pourront accomplir une fois entrainés—les essais sont permis en ces domaines. Des gens habiles et dévoués feront d'excellents serviteurs pour l'avenir.

Enfin en certains cas la bonne volonté suffira. Cela ne requiert pas un long entrainement pour conduire un ascenseur ou pour transporter des ballots. Ici la technique est peu compliquée et la lettre est grosse, pourvu que le préposé veuille bien faire, on saura l'utiliser. Certains nous arrivent bien pourvus et du côté moral et du côté technique; d'autres le sont moins, mais leur désir de *bien* faire laisse entrevoir des amendements possibles. Alors il vaut la peine de tenter l'expérience et d'instruire ou de conseiller des gens prêts à se dévouer au service de la maison.

(à suivre en août)

Hospitals and the Press

(Concluded from page 37)

effected, it would be the best kind of co-operation. City editors are said to be somewhat like elephants—they never forget. If they get such co-operation from a hospital, they will remember it at opportune times just as they remember the "brush-offs" they sometimes get, and news of particular interest to the co-operating hospital will find its way into the paper just as smoothly as do appeals for funds.

Were such a liaison officer appointed, in cases where the information sought by the paper was not immediately available, it might be that this officer could get such information as soon as possible and then call the newspaper asking for it. That may sound far-fetched to some administrators, but a little thought should convince them that if a job is worth doing it is worth doing well, and it would save a lot of unnecessary telephone calls.

Sometimes there arises a case in which a rumour spreads that a prominent citizen has been taken seriously ill at his office, or has had an accident somewhere and been rushed to hospital. Such stories spread quickly and lose nothing in the telling. Frequently the newspaper knows a great deal about the case before the reporter calls the hospital, but often the hospital seeks to suppress the news by denying that the person involved is in the institution.

Instead of doing this, surely someone in authority at the hospital could speak to the city editor, tell him in confidence the circumstances, and ask him, if the matter is not of public interest, to refrain from publishing the details which might cause unnecessary suffering to the family in certain cases. If this were done, I am sure he would find the paper willing to co-operate—but it must always be remembered that it is the editor who, as an experienced newspaperman, is the sole judge of what is of public interest.

Personally, I have several good friends in different hospitals who have told me in confidence about prominent people being temporarily in the city so that if anything unforeseen should happen my paper would be prepared. In so far as I know, there has never been a betrayal of such confidence, and the co-operation is appreciated.

If hospitals would inform the papers when an unusual number of patients have been admitted, such as in the case of a food poisoning at a reception, or tenants overcome by coal gas, et cetera, it would be much appreciated, and not forgotten.

I would like to emphasize that the newspapers ask only that they be given prompt, accurate information on matters of interest to the public. If this is done, it will free the hospital telephone lines of many calls and save the city editor's department a lot of worry.

Mr. J. H. STAFFORD, PRESIDENT STAFFORD INDUSTRIES LIMITED, ANNOUNCES ADDITIONS TO EXECUTIVE PERSONNEL

Photo by Karsh

To cope with increased business, and to maintain and, where possible, improve the high standard of Stafford service

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A. B. JAMIESON

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FREE Samples upon Request — from your dealer or—from the manufacturer.

SMITH and UNDERWOOD

1841 N. Main St. Royal Oak, Mich.

Sole manufacturers Diack and Inform Controls

Medical Records

(Concluded from page 56)

the patient was contained in the nurses' notes. What a commentary on the shortcomings of the medical profession before a gathering of lawyers who pursue accuracy and completeness in their own records as they would the Holy Grail!

System

After the record is completed, the hospital must provide facilities for proper indexing and filing. These may differ in method in hospitals of varying size but they must all conform to one essential requirement—accessibility.

The Standard System of Nomenclature of Disease has been widely adopted in this country and in the United States and is the method approved by hospital and medical organizations. It is somewhat complex and may require the services of a trained medical record librarian for proper functioning. As such it is possibly beyond the personnel resources of the small hospital. There are a number of other excellent systems whose greater simplicity may recommend them to the smaller institution. If use is to be made of the records for the compilation of medical statistics or for clinical research by the medical staff, and these are both primary purposes of their compilation, then an adequate cross-indexing by disease is absolutely essential. This is not too difficult and may be performed by a non-professional person of average intelligence with minimum training, if assisted by periodic professional supervision. This supervision is best exercised by a committee of the medical staff who should be required to accept responsibility for the quality of the records. In a small hospital, one member of the medical staff, preferably with an interest in and an enthusiasm for good medical records, may be entrusted with the task.

Co-operation Essential

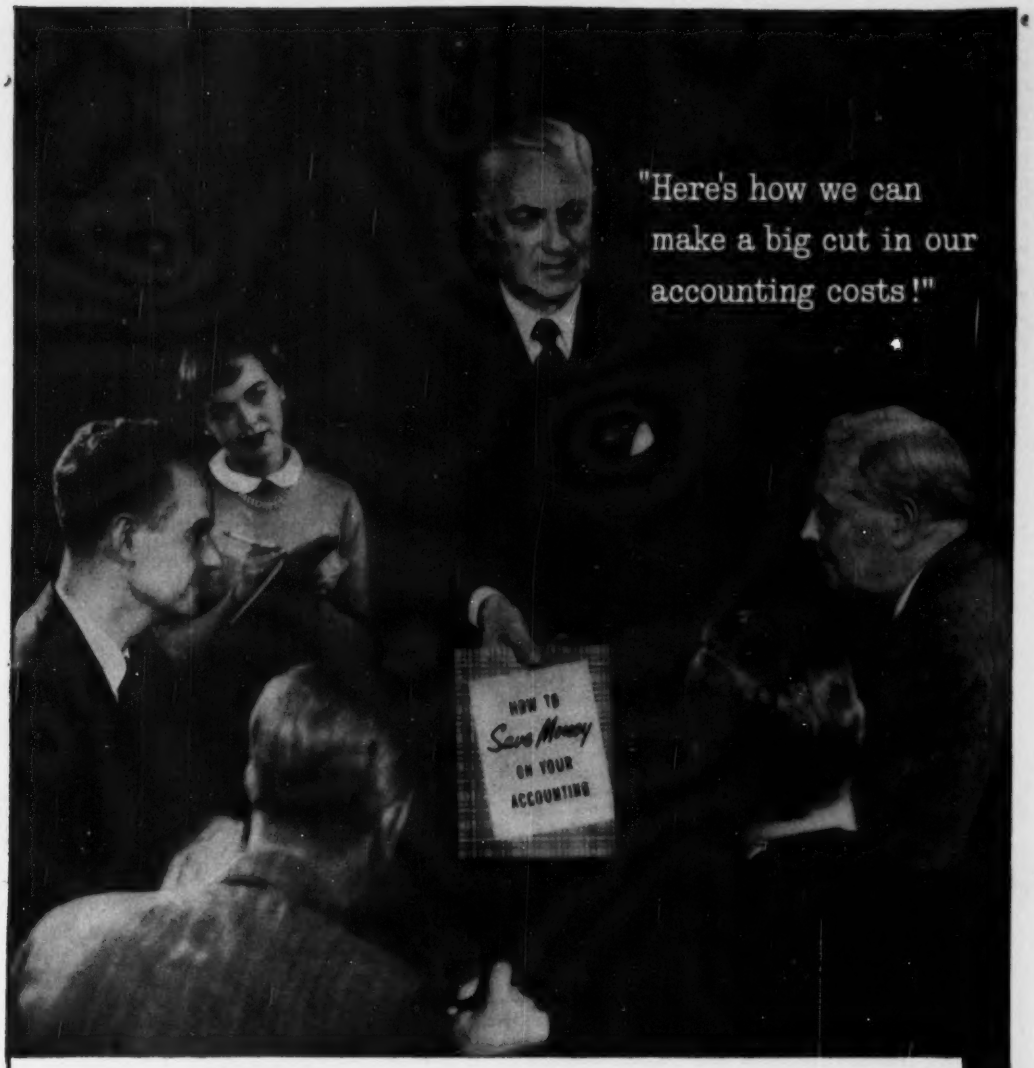
We arrive finally at what is really the be-all and the end-all of every discussion on this subject. How can we get doctors to write histories? This is the $64 question. It is difficult but demands solution. The problem is reasonably well solved in the large hospital through the work of interns, provided there is constant scrutiny and correction by the medical staff. In smaller hospitals without interns the work necessarily devolves upon the attending doctor and success is dependent absolutely upon his co-operation. How to obtain this co-operation when all reasonable methods of persuasion fail is admittedly the point for decision.

I am hesitant in recommending drastic solutions but, if medical records are of such real importance to the welfare of the patient and the proper operation of the hospital as I have tried to indicate, then the responsibility for obtaining them must rest squarely on the board of management. Should members of the medical staff prove recalcitrant, drastic measures, even to the extent of making completion of the medical history a prerequisite for the admission of patients, will be fully justifiable. If there is more than one hospital in a community it will be highly desirable, if not essential, that they all agree on uniformity of regulation in this regard.

Life Insurance Companies Aid Medical Research

The Life Insurance Medical Research Fund, representing 147 American and Canadian life insurance companies, will give $670,000 to medical schools and other research centres during 1950, for the study of heart disease and the training of research scientists. The main purpose of the fellowships, given yearly since the fund was begun in 1945, is to help fill the deficiency in trained research workers which is a serious handicap in progress on the vital problems of heart disease.

McGill University Faculty of Medicine, Montreal, Quebec, will receive $8,400 for research by Professor G. Lyman Duff on the components of the arterial wall in relation to the pathogenesis of arteriosclerosis. Dr. Sidney D. Kobernick of Montreal will receive a fellowship to carry on research under the supervision of Professor Duff.



"It's all here in this booklet. And I've personally checked with firms large and small that have changed to National Mechanized Accounting. They showed me savings of from 20% to 40%. In some cases the savings repaid their entire investment within a year—and then went on paying a substantial yearly return through reduced operating costs.

"These modern National systems give information not available before—information leading to cost reductions.

"We can cut *our* accounting costs just as they did...and at the same time get more profit-making information.

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* * *

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THE NATIONAL CASH REGISTER COMPANY OF CANADA LIMITED

National
ACCOUNTING MACHINES
CASH REGISTERS • ADDING MACHINES

Maritime Convention

(Concluded from page 46)

associates in the Maritime Blue Cross-Blue Shield plans for their untiring service. It was agreed that Dr. McMillan be requested to put into writing the many suggestions and comments which he had made during the course of the convention. These are to be forwarded to each individual hospital with the recommendation of the association that everything possible be done to carry out the suggested improvements.

The Secretary of the Maritime Hospital Association was directed to forward a resolution to the President of the Sun Life Assurance Company commending that company for its past and continuing support of the Canadian Hospital Council.

The Association voted to continue its annual grant of $3,000 to the Canadian Hospital Council and agreed that its delegates and alternates to the 1951 biennial meeting of the Council would be appointed by the incoming executive.

In noting Dr. Harvey Agnew's retirement as Executive Secretary of the Canadian Hospital Council, the Association tendered sincere thanks for his valuable assistance, wished him well in the future and extended to him a cordial invitation to attend their future meeting.

Officers Elected

Executive officers elected for the coming year are as follows:

President: Dr. D. F. W. Porter, Moncton, N.B.

First Vice-President: Neil MacLean, Charlottetown, P.E.I.

Second Vice-President: A. D. McGinnis, Antigonish, N.S.

Secretary-Treasurer: Mrs. Gladys M. Porter, Kentville, N.S.

Additional executive members are:

Prince Edward Island: Lieut.-Col. L. F. McDonald, Charlottetown.

New Brunswick: Sister Kenny, Chatham.

Nova Scotia: A. J. MacDonald, Glace Bay.

Representing Hospital Aids: Mrs. James Ross, Truro, N.S.

Representing Exhibitors: Edward Cleveland, Halifax.

—*M.W.R.*

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City.....

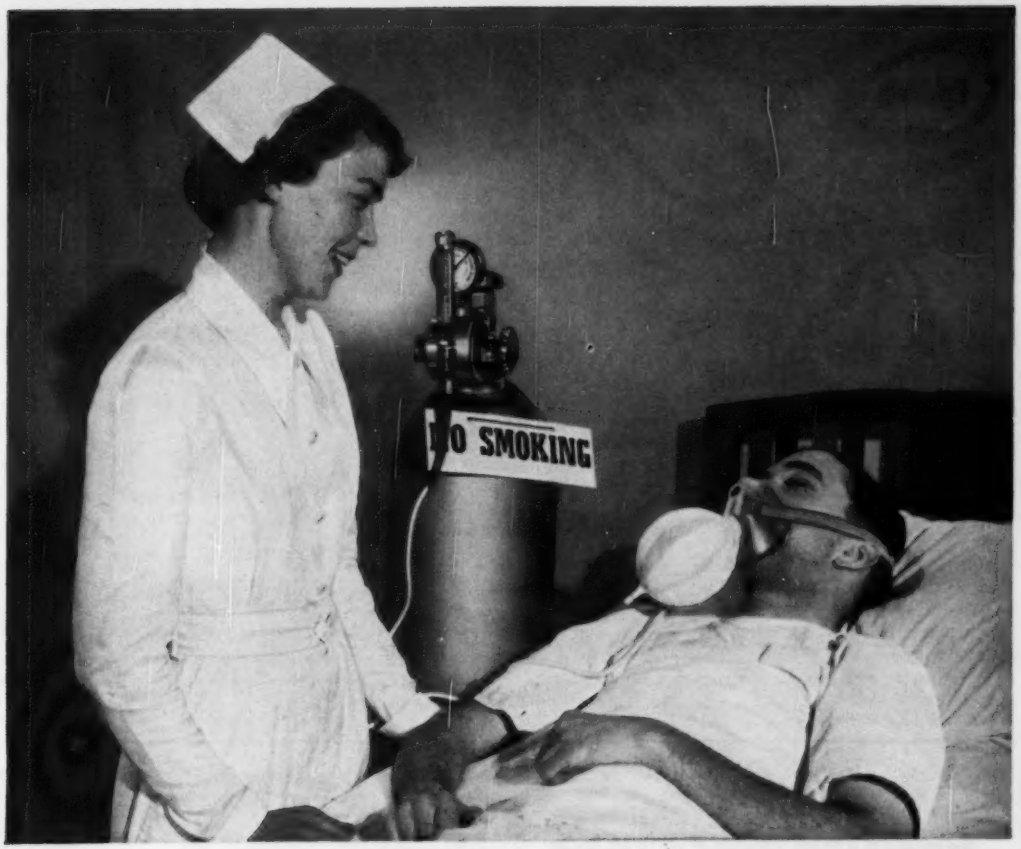
Rehabilitation Centre Expands

The Western Society for Physical Rehabilitation, Vancouver, is building the second unit of its treatment centre which will provide for 20 additional beds, increase physiotherapy units, and enlarge the program for cerebral palsied children. The unit will have a remedial pool and two Hubbard tanks which are invaluable in the after-care of poliomyelitis patients.

This centre is outstanding among institutions of its kind in Canada and embodies the most advanced ideas obtainable from both Canada and the United States. It accepts patients from all parts of British Columbia and in some instances from other provinces.

The federal and provincial governments are each contributing $30,000 toward the cost of construction.

A thing is worth precisely what it can do for you; not what you choose to pay for it.—*Ruskin.*



CONFIDENCE

— a major factor in the patient's recovery

The psychological factor in recovery is recognized by doctors as a powerful aid to the usual physical and tangible methods and treatments. Closely allied to the confidence of the patient in his medical advisors, however, is the confidence of the medical authorities themselves in the gases and equipment they use.

With over half a lifetime in the oxygen business behind us, you can be confident of the consistently high purity of our medical and anaesthetic gases and mixtures and the reliability of the equipment supplied by us.

Confidence is a major factor in good purchasing.

Medical Gas Division

Canadian LIQUID AIR Company

LIMITED

Coast-to-Coast

Medical and Anaesthetic Gases and Mixtures

McKesson and Foregger Equipment • Gas Distribution Systems

Provincial Notes

(Concluded from page 70)

Saskatchewan

KAMSACK. Kamsack district's new $280,000 hospital was opened officially in May by Premier T. C. Douglas. The hospital has a 40-bed capacity and has space for additional beds should they be needed. It is a U-shaped one-storey brick building and serves 9,000 people including 1,000 Indians from two reserves. The old Kamsack Union Hospital will be converted into a nurses' residence.

Alberta

INNISFAIL. The Innisfail Municipal Hospital Board has authorized the construction of an addition to the present hospital. The new building will house a two-bed ward, x-ray facilities, and a laboratory. Architect Neil C. McKernan of Edmonton will supervise construction.

MAGRATH. The Magrath Municipal Hospital Board has purchased land for a new hospital and has called for tenders for its construction. The new institution will provide space for twenty beds.

* * * *

OLDS. Olds Municipal Hospital will receive a Monaghan respirator, complete with accessories and oxygen tent, as a gift from the Boyce Memorial Fund. The fund began last fall when 15-year-old Michael Boyce was stricken with and died of polio. It was requested then, that instead of flowers, a fund be started to help other victims. Organizations and individuals contributed generously to the fund.

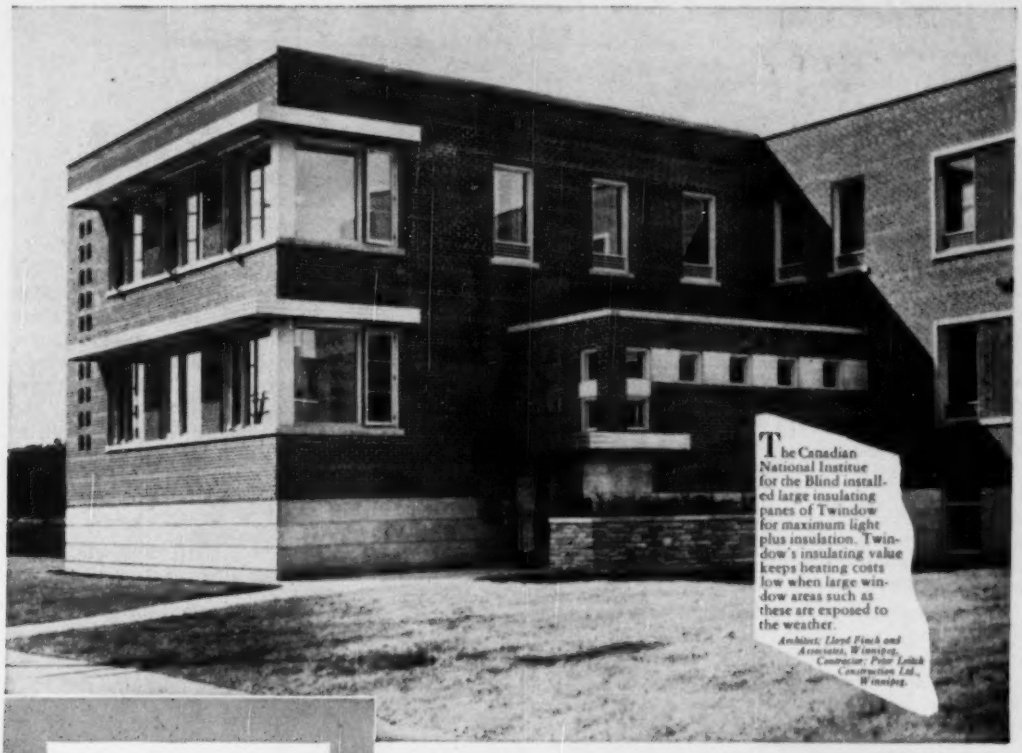
British Columbia

CRESTON. A new Creston Valley Hospital is being constructed here which will provide accommodation for 40 beds, a 12-bassinet nursery, x-ray, and other modern facilities to serve about 6,500 people in this area. The old hospital is being abandoned because of fire hazard. It is expected that the new hospital will be completed by next spring.

* * * *

VANCOUVER. Vancouver General Hospital is building a beautiful new nurses' residence at a cost of approximately $1,086,000. The building will consist of nine storeys with a roof garden on the tenth floor designed as a combination sun-room and open-air lounge for the nurses' off-hours. The first of the three units of the residence will be completed this fall and will contain all central facilities required to service the two other units when they are finished. Townley and Matheson of Vancouver are the architects.

Morphine: named after Morpheus, the god of sleep. In classical mythology, Morpheus is pictured as an aged man with wings, pouring a vigorous narcotic from a horn.



TWINDOW

is stocked in standard sizes, or made to order in dimensions up to 70 square feet in area. Stock sizes include:

36x48	60x48	54x72
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These Glass Twins

CUT COSTS TWO WAYS

HERE'S the sure way to lower maintenance cost and lower fuel bills. Twindow insulating window panes cut heat loss from windows, down drafts and condensation.

Even in coldest weather Twindow virtually eliminates condensation. It's warm right up to the window pane—and Twindow lowers fuel consumption.

Here's why. An insulating layer of air is hermetically sealed between two panes of glass. The protecting stainless steel edging safeguards Twindow during handling and installation.

Contact the Hobbs Glass Branch in your city or ask your architect about Twindow. Write Hobbs Glass Limited, Box 695, London, for illustrated literature.

TWINDOW

HOBBS GLASS LIMITED

HOBBS

Branches from Newfoundland to British Columbia

Successful Campaign

(Concluded from page 60)

asking for the exact amount, brought a better response.

The city canvass was broken down into divisions, such as business places consisting of one to fifteen employees, business places and industry with fifteen to fifty employees, and industries with over fifty employees. A committee was appointed to approach all industries and business places, to ask them to carry out payroll deduction wherever possible. The whole campaign was based on raising the money over a three-year period which is the length of time considered necessary for complete construction of the new hospital. There were other divisions with definite objectives, such as one covering all railways represented in the city and one for all medical doctors.

For all places which were unable to carry out payroll deductions, an instalment-payment system was worked out. Small booklets similar to the type used by finance companies were forwarded to all subscribers who wished to pay weekly, monthly, semi-monthly, semi-annually or annually. Special arrangements were made with every chartered bank in the county whereby payments could be made, through these booklets, directly to the bank. The banks, in turn, sent the money they had on hand plus the stubs from the booklets (which were numbered) to campaign headquarters. Here an index was kept on each subscriber.

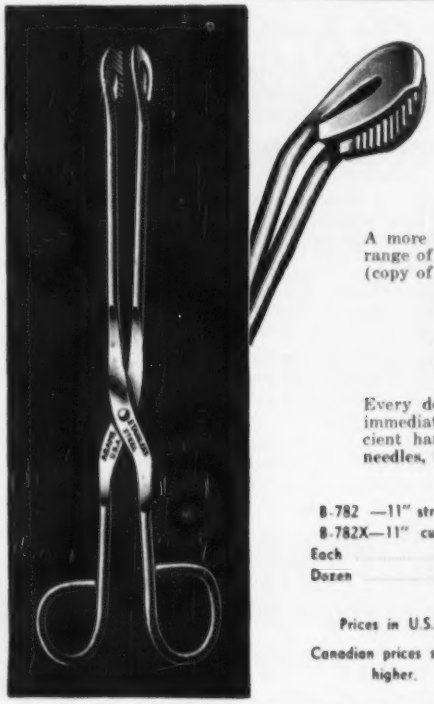
During the campaign, all committees and canvassers were encouraged and helped in their tasks. At luncheon meetings, all those taking part in the campaign were brought together and briefed on the full hospital story. The Little Theatre group attended these gatherings and presented short skits which featured ways and means of canvassing and which always proved popular with those in attendance.

The total funds raised during the campaign were subscribed in the following percentage:

Individuals	10 per cent
General canvass	4 " "
Company subscriptions	12 " "
Places of business	
(15 employees and under)	5 " "
(15 to 50 employees)	6 " "
(Over 50 employees)	11 " "
Railways	7 " "
Societies	14 " "
Medical men	5 " "
East Elgin	17 " "
West Elgin	9 " "

Permanent headquarters have been established in the City Hall which will be maintained for three years. One full-time paid employee posts payments to their accounts as they are paid. She collects approximately $1,000 a week. The actual amount of money spent for salaries, rent, dinner, et cetera, amounted to only 1.52 per cent of the total funds raised.

Perhaps this "success story" will help other hospitals and communities in their appeals for funds. It would seem from the example that has just been cited, that large quantities of planning, energy, and good will are the ingredients that will make any campaign total rise.



Efficient—Inexpensive
STERILIZER and UTILITY FORCEPS

A more efficient, low-cost, stainless steel sterilizer forceps with a wide range of utility for other purposes. Tests in leading New York hospitals (copy of reports on request) show that these forceps—

- Grasp and hold firmly a wide range of sizes and shapes of instruments and utensils, from an eye needle up.
- Are comfortable to handle and convenient in size.
- Are stronger than the usual sterilizer forceps; will not bend under pressure.

Every doctor, dentist, nurse, chemist and laboratory worker will find immediate use for these multi-purpose forceps for the easy and efficient handling of glassware, instruments, swabs, syringes, specimens, needles, towels, sponges, brushes, dishes, retractors, utensils, etc.

5 STYLES AVAILABLE

B-782 —11" straight tip B-782X—11" curved tip	B-783 —8" straight tip B-783X—8" curved tip	B-785—12" straight tip Designed for removing material from bottles.
Each $ 2.00	Each $ 1.75	Each $ 2.00
Dozen 21.00	Dozen 18.00	Dozen 21.00

Prices in U.S.A.
Canadian prices slightly higher.

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The Solution to your

PRE-ADMISSION X-RAY *Problem*

Developed specifically to power pre-admission X-Ray examination units, the Ferranti Photoscope Generator features low initial cost, low operating cost and minimum floor space requirements.

- **Used with a Ferranti-Eureka Rotating Anode Tube designed for this type of service, and the Ferranti 70mm. miniature film photoscope camera, this unit provides *separate* pre-admission X-Ray facilities at a cost only slightly greater than that of accessory equipment placed in the X-Ray Department!**
- **By the use of a really reliable phototimer, the controls have been simplified to a point that the unit may be operated by *untrained* personnel. No additional burden is placed on your X-Ray Technicians.**
- **Space requirements are held to the bare minimum, permitting the unit to be placed in a location convenient to the admitting desk.**

To sum up, the Ferranti PHOTOSCOPE is the only X-Ray unit designed specifically for hospital pre-admission X-Ray examination, providing economy of first cost, economy of operating cost and economy of space. Write today for further details of this important new Ferranti development.

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CSA APPROVED CANADIAN MADE X-RAY EQUIPMENT

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to every SURGICAL SUPERVISOR

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check all 3*

* **THE 3 ESSENTIALS OF STERILIZATION: TIME, STEAM, AND TEMPERATURE**

Heat alone is not enough for sterilization in your autoclave. Nor are steam and time enough. You need the *combined action of all three.* That is why more and more hospitals are safeguarding patients by putting an ATI Steam-Clox tag in every surgical pack.

* **TIME** No matter what the temperature and steam pressure inside your autoclave, ATI Steam-Clox can NOT change color until exposed long enough for destruction of all bacteria—with an ample margin of safety.

* **STEAM** If instead of *pure* bacteria-killing steam, you have residual air in your autoclave, a longer exposure is definitely required to kill the bacteria—and to turn ATI Steam-Clox from purple to green.

* **TEMPERATURE** Lower temperature requires a longer time to destroy bacteria—and to change ATI Steam-Clox from purple to green.

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Please send me samples of ATI Steam-Clox and helpful data on autoclave sterilization.

My name .....
Title .....
Hospital .....
Address .....
City ..... Prov. .....

The Auxiliaries

(Concluded from page 68)

$75. The Auxiliary of the Killarney and District General Hospital, Man., is offering three scholarships of $50 each to girls of the district entering Brandon General Hospital for training. A $500 bursary is provided by the Salvation Army Grace Hospital Women's Auxiliary, Winnipeg, to one of the graduates enabling her to attend the University of Toronto for a year; she will then return as an instructor. The auxiliary has committed itself to raise $5,000 for an operating room.

* * * *

Auxiliary Aids Patients' Families

Assistance to the families of patients was one of the main projects this year of the Auxiliary at Shaughnessy Hospital (D.V.A.), Vancouver. As well, a cheque for $5,000 was presented to the hospital at the annual meeting. A garden fete, a fashion show, a draw, and a quiz were the means of raising these funds.

* * * *

Shower of Dimes Successful

The various activities this year of the Queen Alexandra Solarium Junior League, of Victoria, B.C., have brought most satisfying results. Their eleventh annual shower of dimes netted close to $17,000 for the sixty-five children in the hospital. Recent projects were an art display and a spring dance at the Yacht Club. In June, this group of young women sponsored a program by the Philharmonic Society.

* * * *

Money Raising Projects Similar Across the Country

From annual reports of auxiliaries in all provinces, methods of raising money are much along the same lines. There are the usual teas, bazaars, fashion shows, raffles, tag days, showers, and bridges. Book showers on Hospital Day add materially to the hospital library. Some hold a bazaar and auction sale followed by a dance in the evening, with door prizes to attract attendance. Barn dances are high up on the list of money makers—now that old-time square dances are in vogue again, these should appeal to all ages. Plays produced and acted by members and their friends are usually well supported. One group sold tickets for a movie at the local theatre, receiving 50 per cent of the proceeds for its share; and other groups sold cook books of favourite recipes.

Colour Television to be Featured at A.C.S. Congress in October

During the thirty-sixth Clinical Congress of the American College of Surgeons, to be held in Boston from October 23 to 27, surgical procedures will be televised in colour from Massachusetts General Hospital to an auditorium in Mechanics Hall. Twenty-four hospitals in Boston and vicinity will hold operative clinics for visiting surgeons, and official meetings, scientific sessions, medical motion pictures, a large technical exhibit, and the annual Hospital Standardization Conference are among the features included in the extensive program.

Fellowship Offered to Nurses

The Board of Directors of the American Journal of Nursing Company has announced the establishment of the Mary M. Roberts Fellowship, a competitive fellowship, the purpose of which is "to assist a qualified professional nurse to prepare herself in the technical aspects of writing about nursing and nursing education for professional and lay publication". The award will provide a sum of $2,500 to $4,000, the exact amount to be determined by the Award Committee, for one academic year of study in a college or university.

The criteria upon which the awards will be based are the general professional qualifications of the candidate and her interest and facility in writing. Candidates will be required to submit a specially prepared manuscript on some subject pertaining to nursing. Nurses who wish to qualify may obtain the necessary application blank by writing immediately to "Fellowship", *American Journal of Nursing,* 1790 Broadway, New York 19. The award will be made in the late summer.

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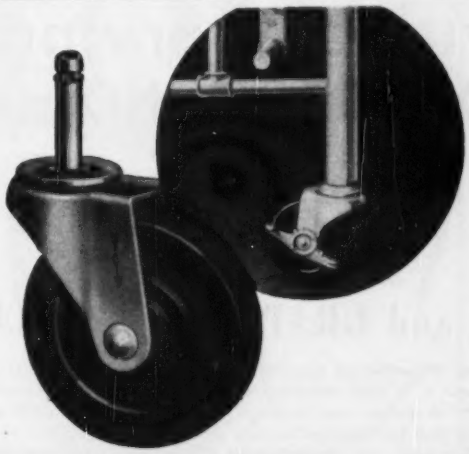

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STEWART-WARNER-ALEMITE CORPORATION OF CANADA, LIMITED
Belleville - Ontario

The Princess Elizabeth

(Concluded from page 32)

Adjacent to the laboratory are examining and treatment rooms and the physiotherapy and occupational therapy services.

The remainder of the ground floor is given over to employees' locker rooms and restrooms. These are also decorated in soft pastel tones. The metal lockers in the women's restrooms, for example, are finished in a dusky rose shade, and the men's in a soft grey.

Ventilation is achieved by a simple exhaust system running through the main corridors and up the end stairwells, with exhaust fans at each end of the roof. There is a separate exhaust system from the kitchens and dishwashing rooms which removes stale air by means of a direct flue and fan.

A doctor's call system of the latest approved type is operated from the enquiry desk and extends to all parts of the hospital.

Admission of Patients

To make certain that the new hospital would be fully utilized for the scientific care and treatment of the long-term patients, admission regulations require that patients be certified as chronically ill and in need of hospital care for the purpose of receiving medical or surgical treatment. It was further specified that close liaison be maintained with general hospitals, with the faculty of medicine of the University of Manitoba, and with the medical profession in general, when approving patients for admission.

An advisory medical admitting and discharge board, consisting of representatives of general hospitals, the faculty of medicine, the Winnipeg Medical Society, the Manitoba Medical Association, and public health authorities, has been formed. The board will advise the medical staff on unusual questions respecting admission and discharge of patients and make recommendations regarding admission policies.

Architects responsible for designing and constructing the Princess Elizabeth were Moody and Moore of Winnipeg.

Training Administrators

(Concluded from page 58)

last winter under the School of Nursing. Twenty-eight nurses found this course very helpful.

This course was made possible through one of the federal grants. We should bear in mind that the annual federal professional training grant of $500,000 is for the training of public health and *hospital* personnel. Most of this grant has been used so far for public health training.

The logical body to give leadership to this whole program of education in administration in this country would seem to be the Canadian Hospital Council. Working closely with the Associations and Conferences it could be of great assistance in developing shorter courses. It could gain the co-operation of the universities and federal departments. It could ensure greater co-ordination in long range planning. As so often happens, the major problem is that of finance, but this should not prove insurmountable.

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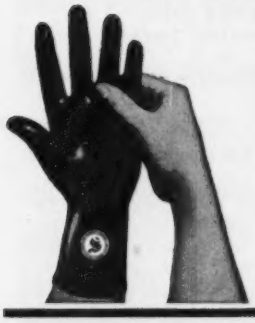

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LIMITED
Sanitation Products and Floor Treatments
TORONTO MONTREAL

The Hospital Orderly

(Continued from page 42)

and pay reasonable salaries, then we should protect our investment by training to obtain and retain a good standard of service.

Formal training should be in three phases:

1. Instruction in treatment procedures and techniques in nursing care should be given by a qualified teacher on the nursing staff.

2. Essential medical knowledge should be taught by the house staff or, if necessary, by a member of the attending staff.

3. Administration and public relations data should be supplied by someone in the administrative field.

The length and scope of training will depend on the individual and upon the type of job that he is to perform.

Evaluating the Orderly's Job

Once we have a clear picture of what we expect of the orderly, we must take steps to improve his present status. We must analyze critically our own hospital scheme and review the work of the orderlies in order to set up standards of performance and then recruit to suit the standards. We should provide qualified training as required and, where possible, grade the various responsibilities and set up promotional opportunities within the hospital. Another necessity is a basic wage scale which will provide adequate living standards and increments at regular intervals based on merit and service.

Although every hospital worker owes his utmost to the proper care of the sick, he has no obligation to accept a substandard income to save expense for many who are better off than he. Too frequently

Coming Conventions

Aug. 22-23—Maritime Conference, C.H.A., Charlottetown, P.E.I.
Sept. 7-9—Canadian Society of Radiological Technicians, Hotel Georgia, Vancouver.
Sept. 18-21—American Hospital Association, Atlantic City.
Oct. 9-13—A.H.A. Institute on Dietetics, Washington, D.C.
Oct. 11-12—Saskatchewan Hospital Association, Saskatoon.
Oct. 16-21—Western Canada Institute for Administrators and Trustees, Fort Garry Hotel, Winnipeg.
Oct. 23-27—Clinical Congress of American College of Surgeons, Statler and Copley Plaza Hotels, Boston.
Oct. 23-Nov. 3—A.H.A. Personnel Management Institute, Cornell University, Ithaca, N.Y.
Oct. 24-27—British Columbia Hospitals' Association, Vancouver Hotel, Vancouver.
Oct. 26-28—Associated Hospitals of Alberta, Palliser Hotel, Calgary.
Oct. 28-30—Canadian Association of Occupational Therapy, Royal York Hotel, Toronto.
Oct. 30-Nov. 1—Ontario Hospital Association, Royal York Hotel, Toronto.
Nov. 2-3—Ontario Conference of the Catholic Hospital Association, Toronto.

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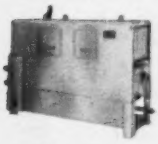

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in the past the charity rendered by a hospital has really been at the expense of many of its personnel.

Orderlies must be accepted as part of the nursing service and we must recognize them as members of the team and not as people whom we call by a snap of the fingers. Much can be accomplished by changing the title of the position, "orderly", which over the years has taken on a rather offensive meaning, to that of hospital assistant, nursing assistant, ambulance assistant, operating assistant, et cetera.

In summary, it can be said that the problems of obtaining and maintaining good orderly service can be overcome if we have clearly defined duties, training according to required standards, compensation at a reasonable rate, and adequate recognition of the orderly's place in the hospital family.

There is no one more unfortunate than the man, who has never been unfortunate, for it has never been in his power to try himself—*Seneca*.

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The new Hospital for Sick Children, Toronto (630 beds) has an opening for a Registered Record Librarian in a senior position. Staff of eight assistants. University teaching hospital in Paediatrics and Children's Surgery. Standard nomenclature. Please address applications or enquiries to Joseph H. W. Bower, Superintendent, The Hospital for Sick Children, 67 College St., Toronto.

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for 200-bed hospital in western Ontario city. Entirely new hospital now under construction with well-planned dietary department on first floor. Must be member of Canadian Dietetic Association. Generous salary. Apply, stating qualifications and experience, to Box 284K, The Canadian Hospital, 57 Bloor St. West, Toronto.

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for a new 54-bed general hospital which will open in November. This hospital is unique in design and service arrangement and the position offers a challenge in organization for one with the right qualifications. Please give full particulars: — experience, post graduate study, salary expected, etc., in first letter to the Administrator, Humber Memorial Hospital, Weston, Ontario.

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Apply stating qualifications, experience and age to Box No. 849C, Canadian Hospital, 57 Bloor Street West, Toronto 5, Ont.

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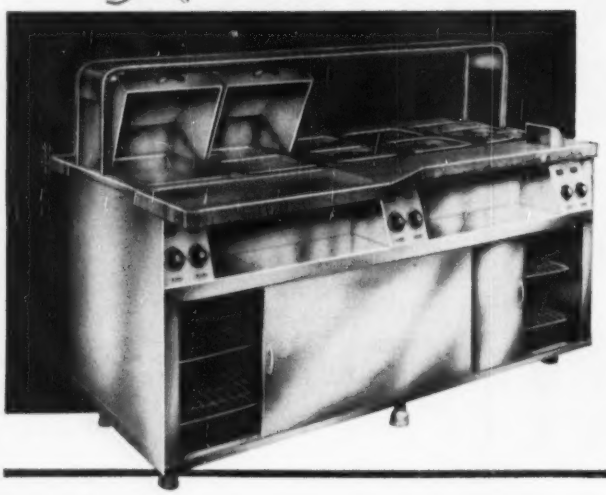

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Those interested may obtain further information by writing to—

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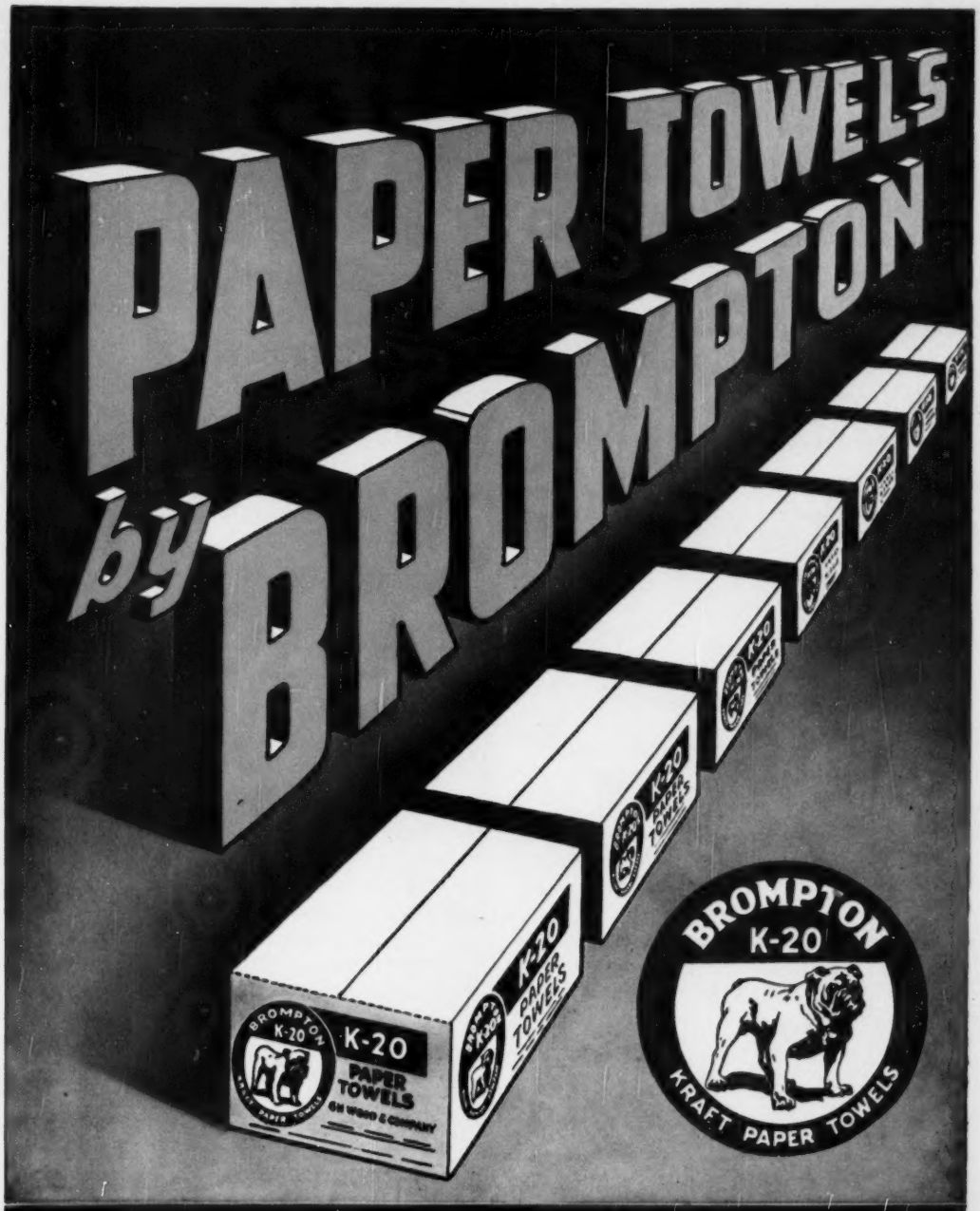

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